Independent Monitoring Boards

Annual Report of the Independent Monitoring Board at HMP Belmarsh

For reporting year
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national preventive mechanism

Contents

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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

Described by His Majesty's Inspectorate of Prisons (HMIP) as 'one of the most important prisons in the country', HMP Belmarsh is a category A men's prison and a core local prison within the long-term high security estate (LTHSE). Opened in 1991, Belmarsh occupies 60 acres of the old Ministry of Defence Woolwich Arsenal site, 47 acres of which are within its perimeter wall.

It is located alongside HMP Thameside, HMP/YOI Isis and Woolwich Crown Court. In addition to its function as a reception prison for men who are on remand or are awaiting sentence, it serves as the high security prison for the capital and much of southern England.

Prisoners are accommodated in four houseblocks; there is also a healthcare centre, a segregation unit and a high security unit (HSU). At the end of June 2025, the operational capacity (the maximum population the prison can hold) was 773[1]. During the reporting year, the prison held between 700 and 730 prisoners, of which between 60% and 70% were awaiting trial on remand, were convicted but unsentenced, or were being detained for immigration purposes. There were 93 category A or provisional category A prisoners at the end of the reporting year.

[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

To put the main findings into perspective, the Board would like to note the positive way staff deal with the challenges presented to them daily, and that senior leaders are visible and dedicated to providing a safe and positive environment for both staff and prisoners.

Safety

- There was a 14% rise in incidents of violence, and violence was most frequent in the young adult age group (18-25 years old). This was accompanied by a 22% increase in the number of weapons found in the prison.
- The Board observed another significant rise in the number of vulnerable prisoners (VPs) deemed to be at risk of being targeted by other prisoners. There are too many VPs to accommodate on the prison's dedicated spur and, at the time of reporting, between 20 and 30 VPs were being held in cells on general spurs alongside other prisoners.
- Members raised concerns about the monitoring of prisoners on an assessment, care in custody and teamwork (ACCT) plan (used to support prisoners who are at risk of self-harm and suicide) and the quality of the records kept on the houseblocks.
- The Board was also concerned that insufficient care was being taken in some cases to ensure the wellbeing of prisoners who self-isolate. Some prisoners elect to stay behind their cell doors because they believe themselves to be at risk of harm or because they have poor mental health. IMB members noted several occasions during the year when houseblock records were not up to date and officers were not clear about how many prisoners were self-isolating.

Fair and humane treatment

- Prisoners have a right to live in a clean and decent environment and a right to essential basic services. Belmarsh is a relatively recent addition to the prison estate, but years of under-investment have started to show, and several areas of the prison need refurbishment.
- There was a dramatic fall in the number of sessions between prisoners and their key workers. This was caused by a significant rise in the number of staff on sick leave. Staff absence also had a negative effect on the daily regime in the houseblocks, healthcare centre, segregation unit and the HSU.
- By the end of this reporting year, the Board had raised concerns to prison management about several issues in the segregation unit:

    - The number of multi-unlock close supervision centre (CSC) prisoners being held at Belmarsh.
    - The number of spaces in the segregation unit for use by the prison - just eight - after CSC prisoners and out-of-action cells were considered. Officers were obliged to manage prisoners involved in serious incidents on the houseblocks rather than in the segregation unit.
    - The number of young adults (under 25) and young offenders (under 21) being managed in the segregation unit. During the year, 26% of the prisoners held in the unit were young adults, even though they make up just 13% of the prison's population as a whole.

- Belmarsh has a younger population than other establishments in the long-term high-security estate (LTHSE). The Board does not believe HMP Belmarsh is sufficiently well resourced to be a suitable location for these individuals.
- A great deal of effort has gone into the planning and delivery of a new incentivised substance free living spur (ISFL) for prisoners who are trying to tackle addiction to drink or drugs (see section 6.7.5). Prisoners who volunteer for the spur receive counselling and incentives such as extra time for association or gym.

Health and wellbeing

- Seriously ill patients on 'do not unlock' regimes were treated on the prison's houseblocks or in its segregation unit because cells were not available in the in-patient unit (IPU). The shortage of cells in IPU is due, in no small part, to the number of high-profile prisoners with life sentences who are being held in the unit. More consideration should be given to relocating these high-profile prisoners in Belmarsh or to a more suitable prison in the estate.
- There has been a rise in the number of seriously ill multi-unlock patients in the prison awaiting transfer to a secure hospital setting. A transfer should take place within 28 days of a referral being completed but it is taking on average 80 days. Caring for these multi-unlock patients put a strain on staff in IPU and elsewhere and limited the out-of-cell time available to other prisoners.
- The Board welcomes the new neurodiversity initiatives that have been put in place. However, more is required to ensure that neurodiverse prisoners receive their medication in a timely manner and engage in purposeful activity to assist with their mental health.
- There were disturbing cases of prisoners hoarding their medicine, cases of prisoners either not receiving their prescription or being prescribed the wrong medication, and concern was expressed by the Prison and Probation Ombudsman about dispensing procedures in the case of more than one death in custody.
- The Board continues to be concerned about the failure to make proper provision for communicating with foreign national prisoners who struggle with English, especially in healthcare and at key worker sessions.

Progression and resettlement

- Although the numbers at Belmarsh have fallen over the year, the Board remains concerned about the situation of IPP (imprisoned for public protection) prisoners, some of whom have served much longer than their original minimum term and still have no clear route to release.
- The Board welcomes action taken to ensure that remand prisoners can access support ahead of, and following, their release.
- There has been some progress in ensuring meaningful activity for prisoners, but further action is required to help prepare prisoners for their return to the community.
- The Board was encouraged by the vocational training that was offered to prisoners, such as the Food & Safety and Hospitality City& Guilds course, and the enthusiasm shown by the lecturers. However, the Board would like to see this, and a variety of other courses, offered to more prisoners, including those considered high risk.

- The Board is particularly concerned about the lack of purposeful activity for category A young offenders (aged 18-21 years old) and the negative impact it has on their mental health.

The Board raises issues to the Governor and her colleagues in a weekly rota report and is appreciative of the responses it gets. In addition, the Governor meets with the IMB Chair every month to discuss any issues.

3.2 Main areas for development

TO THE MINISTER

- **Property** As set out in previous years' reports, will the Minister require the Prison Service to urgently review its procedures on the transfer of property and introduce basic automated systems using available technology? (5.9)
- **IPP prisoners** Will the Minister take further steps to ensure that number of IPP prisoners continues to fall and that all remaining IPP prisoners have a clear route towards release? (7.3.1)
- **Secure hospital transfers** Will the Minister work with colleagues across the NHS to provide more beds in secure hospitals to enable prisoners with acute mental health needs receive the most appropriate therapeutic treatment? (6.3.4 & 6.3.5)

TO THE PRISON SERVICE

- **Infrastructure investment** Will the Prison Service invest in the prison infrastructure at HMP Belmarsh to avoid continued deterioration in its facilities? (5.1.1)
- **Close supervision centre (CSC) prisoners** Will the Prison Service look at the arrangements that are made for locating CSC prisoners at HMP Belmarsh? If a suitable location is not available, will it undertake to increase staffing? (5.3.5)
- **High profile prisoners** Working with the Governor, will the Prison Service look at the allocation of 'high profile' prisoners to HMP Belmarsh? Will the Prison Service consider an alternative location to in-patient unit in the healthcare centre? (6.1.7). Will the Prison Service also provide additional staffing resources to manage these prisoners, to ensure outcomes for the rest of the prison population are not negatively affected?
- **Education budget** Will the Prison Service look at ways to mitigate the significant cuts in the education budget? (7.1.3)
- **Translation** Will the Prison Service look at ways of providing a technological solution, such as computer tablets, to assist in translations for foreign national prisoners with limited English, particularly in a healthcare setting? (6.5)

TO THE GOVERNOR

- **Prisoner safety** Will the Governor continue to reinforce programmes across the prison to improve the quality of assessment, care in custody and teamwork (ACCT) plan reporting, as well as the procedures for managing prisoners who self-isolate? (4.2.1 & 4.3.4)
- **Key workers** Will the Governor look at ways to improve the number of key worker sessions, particularly for the vulnerable and younger prisoners? (5.4)
- **Young prisoners** Will the Governor continue with initiatives to provide improved conditions and opportunities for young adult prisoners, and to improve the orientation for young offenders, under 21, who are sent to HMP Belmarsh? (7.3.4)

- **Medication** Will the Governor continue to work with Practice Plus Group to improve the management and dispensing of medication within the prison? (6.1.8)
- **Training** When will the Governor make more opportunities available for vocational training? (7.2)

3.3 Response to the last report

To the Minister	Response given	Action taken
<u>Property</u> Will the Minister require the Prison Service to urgently review its procedures for dealing with prisoners' property, particularly on transfer?	Ensuring effective and timely transfer of property when a prisoner is moved continues to present challenges for prisons across the country. Governors will be reminded of the importance of compliance with the Prisoners' Property Policy Framework and, in particular, the need to adhere to volumetric control limits. I am advised that most of the issues that occur relate to excess items that have to be sent on after the prisoner's departure. HMPPS will be seeking to introduce digital systems when this becomes feasible and will continue to look at what further improvements can be made to the process.	This issue has been raised in our previous three annual reports and primarily relates to property lost in transfer between prisons. There remains a lack of use of technology in monitoring inter-prison transfer of property.
<u>IPP prisoners</u> Very little has changed for prisoners serving an indefinite sentence. The Board would urge the Minister to increase efforts to resolve this issue.	From 1 November 2024, anyone who was released on IPP licence five or more years ago and has spent at least the last two years of that period in the community without being recalled will have their IPP licence terminated without the need for a review by the Parole Board. Further reforms will be implemented on 1 February 2025, when a reduced qualifying period for consideration of licence termination will see around 600 additional referrals made to the Parole Board.	The number of IPP prisoners at Belmarsh had dropped to three by the end of the reporting period. One had been transferred to another category A prison and three to a category C prison, while two were released.

Rehabilitation Given the number of sentenced prisoners at Belmarsh, will the Minister provide the resources needed to improve opportunities for rehabilitation and reduce the possibility of reoffending?	Prisons are expected to maintain a focus on the rehabilitation needs of each prisoner. I have been advised that, in May 2024, HMP Belmarsh introduced a new regime. I was pleased to hear that these changes mean that there are now education, training and workspaces within the establishment.	While more spaces have been introduced, there continue to be delays in moving prisoners to activities, mainly in the workshops.
To the Prison Service	**Response given**	**Progress**
Prisoners with challenging behaviour Belmarsh received several prisoners with challenging behaviour from other establishments during the reporting year. It is very difficult to manage prisoners who will not adjust to the strict disciplinary regime of a prison such as Belmarsh. While standard prisons may be the best place available to keep these individuals secure, the Board would urge the Prison Service to consider whether different provision is required for such prisoners.	HMP Belmarsh has a key function supporting the management of category A prisoners who meet the criteria to be housed in the high secure unit. Those located in the unit are constantly reviewed and onward transfers are managed on the specific individual needs of the prisoner. Urgent referrals are typically seen on the same day and referrals to hospital for those needing in-patient treatment are also typically completed on an immediate, same-day basis, as well. The health team must make challenging decisions as to how any vacant in-patient unit (IPU) beds are allocated to those on the waiting list and prioritise those who are most unwell and with the most to gain from the IPU environment. Whilst this has meant that some men who are also unwell have had to remain on the houseblock, they have continued to have support from an in-reach team.	Belmarsh continues to receive and manage prisoners with challenging behaviour. More recently, there has been a marked increase in the number of young offenders and young adults who present challenges around education and purposeful activity.

<u>Property</u> To repeat the request, made in our previous report, to the Prison Service: will it urgently review the end-to-end process for prisoner property, including looking at the use of technology, the role of the prison escort contractor, how property is recorded, and the prison-to-prison follow up system?	There have been no complaints received from HMP Belmarsh in the last 12 months in relation to lost property attributed to PECS [prisoner escort and custody services]. Belmarsh delivers all property that isn't accepted by contracted escort providers directly to a prisoner's new establishment. This ensures prisoners are reunited with their property within four weeks of transfer in accordance with timescales stipulated within the HMPPS Prisoners' Property Policy Framework.	This issue has been raised in our previous three annual reports and primarily relates to property lost in transfer between prisons. There remains a lack of use of technology in monitoring inter-prison transfer of property.
<u>Vulnerable prisoners (VPs)</u> We would urge the Prison Service to consider the provision of VP accommodation across the estate.	As a reception prison, it is not possible to forecast the number of remand prisoners on sexual offence charges. VPs receive the full protection of Rule 45 on other locations in the prison. [Rule 45 allows a Governor to remove a vulnerable prisoner from association with others for their own protection or for good order and discipline.]	There has been an increase in the numbers of VPs in Belmarsh during the reporting year and many VPs are not housed on the dedicated VP spur, with the result that many self-isolate in their cells.
<u>Purposeful Activities</u> Will the Prison Service provide the necessary resources to allow significantly more focus on improving opportunities for purposeful activity, with a view to increasing the possibility of rehabilitation and a reduction in reoffending?	There is sufficient education, training and workspace for all prisoners within the establishment. There has been an increase in engagement with businesses and employers, with a view to offering support and guidance for employment and training on release.	While there have been some improvements, particularly around attendance at education, the Board is concerned by the recent 11% cut in the education budget, with a further 19% cut planned.
<u>Young offenders</u> A number of young offenders were held on remand in Belmarsh and some were new to custody. Whilst their numbers were small, detention in an adult	HMPPS has produced a Young Adults Custodial Strategy and guidance for prison leaders and staff to enable a greater understanding of this cohort and support staff working with them. Category A prisoners of any age	There has been a marked increase in the number of young offenders and young adults who present challenges around

prison can be a traumatising experience and, in some cases, their mental health suffered. The Board would ask the Prison Service to look at whether Belmarsh is a suitable location for these individuals.	can only be held in a high security prison. The Directorate of Security (DoS) young adult strategy applies to the whole 18-25 age group. A key part of the strategy is the need for support at the time of arrival and in the key first days that follow. It was recently agreed that the early days centre will focus on young adult work. This will involve dedicated staff training and a plan of work to consider how to offer support to young adults in the first night centre.	education and purposeful activity.
To the Governor	**Response given (paraphrased)**	**Progress**
<u>Regime and resettlement</u> Will the Governor work towards a significant improvement in education and training opportunities for sentenced prisoners, and provide the resources necessary in order to prepare them for release?	Additional staff are in place to address gaps in education and training. Pay has been increased to incentivise prisoners to take part in activities that are likely to contribute to a reduction in reoffending. Positive relationships with businesses, charities, volunteers and past providers help address the most pressing needs of the population.	While there have been some improvements, particularly around attendance at education, the Board is concerned by the recent 11% cut in the education budget, with a further 19% cut planned.
<u>The high security unit (HSU)</u> Will the Governor improve the regime in HSU to allow more time out of cell, in education and other purposeful activity, as well as more access to phones for family and legal contact?	The HSU regime has been increased to three ‘’ring fenced’ days per week, to be delivered when staff are available. A quote for an additional phone in the exercise yard is being considered, and a second phone was introduced during domestic periods. Consideration is to be given to more education and purposeful activities when more HSU staff are in post.	A second phone has been provided, which is in a vacant cell (so provides a bit more privacy) but only when staffing allows, so the provision is not regular. Issues with regime as per section in HSU (see section 5.2).
<u>Healthcare</u> Will the Governor work with the healthcare	Prisoners on the waiting list are classified according to a	There are still people in the healthcare unit who

provider to ensure admission to the hard-pressed in-patient unit is made on a basis of clinical need only?	priority/zone list and are admitted according to need when a place becomes available.	are not there for prioritised clinical needs and probably could be elsewhere in the prison (e.g. elderly and vulnerable young adults).
<u>Violence and illicit items</u> Will the Governor continue efforts to reduce violence and the flow of illicit items, in particular the rise in drug use in the prison?	The safer prisons teams continue to analyse trends and target groups with proven interventions, such as, for example, young adults. Violence in this group has fallen steadily. Belmarsh continues to reduce the flow of illicit items with existing security measures, while at the same time responding to new challenges. We continue to measure drug use and there has been a recent reduction in positive tests, as measured by our MDT [mandatory drug testing] rate.	There was a very concerning 14% rise in recorded incidents of violence in the first nine months of the reporting year, together with a 22% increase in the number of weapons found. However, there was a marked decline in the number of other illicit items, including a 16% drop in drugs finds.
<u>Food</u> Will the Governor work with the various stakeholders in the procurement and preparation of food to improve the nutritional content and quality?	Menus have been improved and are being reviewed and will include the provision of nutritional information. Professor Jonathan Tammam has contacted us about a final year research project two of his students are doing into food provision in a category A prison. Their research will be useful, as it will give us invaluable baseline information about the menus and food choices prisoners make, which we can use to track progress.	The Board recognises the improvement in menus to offer more nutritious food; however, these items are rarely chosen by prisoners, who opt for unhealthier or more processed options. The nutritional information for the food is still not available or correct, and the Board has received complaints from prisoners regarding this. Although we understand this is due to the computer system, we feel more could be done to address this with the provider and ensure staff are sufficiently trained to use the system.

		The Board would welcome the reintroduction of the food committee, with a focus on education, how menu choices are advertised, and menu pairings. The Board welcomes the introduction of new Ministry of Justice guidance and hopes it will resolve this problem.
<u>Maintenance</u> Will the Governor work with the facilities management supplier to improve the time it takes to repair out-of-action cells?	We will continue to work with GFSL [Gov Facility Services Limited] to ensure out-of-active cells are repaired as quickly as possible.	The number of out-of-action cells decreased during the reporting year.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 HMP Belmarsh is both a local prison and one of the few prisons in the estate that receives high security young offender prisoners awaiting the judgement of a court. Many prisoners pass through reception every month: in June 2025, there were 419 receptions, 418 discharges and 104 transfers. Over 800 prisoners went to and from court in the 21 working days of June. Prisoners are moved to and from the courts or are transferred to other prisons by the private provider, Serco Group. Belmarsh retains responsibility for the movement of category A prisoners.

4.1.2 HM Inspectorate of Prisons (HMIP) visited the prison in June 2024 and published its findings in September. Concern was expressed in its report about reception and induction arrangements for new arrivals. In response, managers commissioned a comprehensive review of custody arrangements.

4.1.3 Reception often receives prisoners very late in the evening, as neighbouring prisons in the estate are declared full, and it is often the case that prisoners remanded in custody by magistrates for a low-level offence find themselves admitted to high-security Belmarsh. The Board made evening visits to reception during the year to observe new arrivals and prisoners returning from court appearances. Prisoners were both scanned and searched, and their property was examined and passed through an X-ray machine. Members were satisfied that the security process was robust. Careful management of arrivals is necessary to avoid gang conflict.

4.1.4 New arrivals are escorted to the first night centre (FNC), where Listeners - prisoners trained by the Samaritans charity - should be present to offer confidential emotional support to anyone in need. Regrettably, this was not always the case during the reporting year. Reception and FNC orderlies offer advice on visits and family contacts, and applications can be made for a first video call. Prisoners submit the phone numbers of friends and family for clearance by the prison and the police in the expectation that they will be able to make social calls within 24 hours. Category A prisoners and those subject to public protection orders are obliged to wait longer, given the need for additional checks, including police input in some cases. Vape and grocery packs are available to buy and prisoners without money can buy on credit.

4.1.5 Catalogue orders and property bags are supposed to be managed by reception staff at weekends (see section 5.9). However, staff are often redeployed to other duties, and prisoners complain that there are delays in the distribution of their property. The Board raised the issue in previous reports, and directly with senior managers during the 2024-2025 reporting year.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were 360 incidents of self-harm recorded during the reporting year, carried out by 135 individuals. The Board notes that this was almost the same as the previous reporting year, when members expressed concern about a 9% rise in instances of self-harm from 2022-2023. The assessment, care in custody and teamwork (ACCT) process is designed to focus care and attention on prisoners at risk of self-harm and suicide. A total of 337 ACCTs were opened in the reporting year which, again, was a similar figure to last year. The Board expressed concern that prisoners' ACCT records were not following them from their houseblocks to other parts of the prison, as the guidelines

stipulate. They also reported that ACCT observations were not always recorded in an appropriate or timely manner. A CCTV spot check in the prison during one week in May suggested only 50% of ACCT observations were being carried out thoroughly and on time.

4.2.2 The Board was also concerned that insufficient care was being taken in some cases to ensure the wellbeing of prisoners who self-isolate. Some prisoners elect to stay behind their cell doors because they believe themselves to be at risk of harm or because they have poor mental health. HMIP reported in September 2024 that managers were not monitoring the wellbeing of these prisoners closely enough. They found prisoners who had experienced 'little interaction with staff' and 'limited access to showers or fresh air'. IMB members noted several occasions during the year when houseblock records were not up to date and officers were not clear about how many prisoners were self-isolating.

4.2.3 Prisoners at risk of self-harm or suicide are discussed at weekly safety intervention meetings (SIMs). The Board monitored these multidisciplinary meetings throughout the year and was generally impressed by the consideration given to this group of vulnerable prisoners. Peer group support from Listeners is available on the houseblocks, although retention and recruitment of sufficient numbers remain a problem (see section 5.4).

4.2.4 There were three deaths in custody during the reporting year, one in the prison and two within two weeks of release. The deaths will be investigated by the Prisons and Probation Ombudsman (PPO) and will be subject to a coroner's inquest. Four PPO investigations into deaths in custody were concluded and their findings submitted to the prison: two were concerned with prisoners who died in the 2024-2025 reporting year, and two were reports on deaths that occurred the previous year. They raised concerns and recommendations about reception and induction and healthcare provision, particularly the prescribing of medication (see 6.1.8). The Board will monitor progress on implementing the changes recommended by the PPO.

4.3 Violence and violence reduction, self-isolation

4.3.1 There was a very concerning 14% rise in recorded incidents of violence in the first nine months of the reporting year when compared to the same period last year. The number of incidents began to fall again in the last three months.

4.3.2 Totals for the reporting year:

- Prisoner-on-prisoner incidents: 226 (40 serious) 11% increase
- Prisoner-on-staff incidents: 129 (15 serious) 18% increase
- Gang-related violence: 21 23% increase

The rise in prisoner-on-staff incidents demonstrates the many difficult situations officers face, week in, week out. IMB members observed on many occasions the professionalism with which staff tackled high-pressure situations in the prison. His Majesty's inspectors noted in their September 2024 report that: *'The approach to reducing violence was robust and underpinned by a current and relevant violence reduction policy that focused on identifying gang affiliations and preventing members from encountering each other, among other initiatives.'*

4.3.3 The number of incidents of violence involving young adults (18-25 years old) remained similar to last year. But whilst the total number of incidents in the prison in

June 2025 was low, the involvement of the young adult cohort was at an all-time high, with a 50% increase in the April to June quarter.

4.3.4 Throughout the reporting year, there were small numbers of prisoners who chose to isolate from their neighbours. They were generally motivated by fear of conflict or by mental health issues. Isolators are entitled to a shower and exercise and some engagement with education. However, IMB members observed many instances when prisoners from this group were not offered their daily regime. In some instances, this was because officers were not sure who had elected to remain in their cell. Isolators reported to Board members that fear of assault and the restrictions on their regime were affecting their mental state (see section 3).

4.4 Use of force

4.4.1 There were 771 recorded use of force (UoF) incidents in the prison, an increase of 16% on the previous reporting year. Force can range from a guiding hold on a prisoner to a multiple staff intervention, requiring personal protection equipment (PPE). HMIP noted in its September 2024 report that use of force had increased by 25% since its last visit to the prison in 2021, but was broadly in line with other prisons in the estate. '*The most common reason for use of force*,' it noted, '*was non-compliance with the instructions of staff*.'

4.4.2 Incidents are reviewed at a weekly use of force (UoF) meeting chaired by the head of safety. Written testimony, CCTV and body-worn video camera (BWVC) evidence is reviewed, and questions of necessity and proportionality are considered to ensure best practice. In a small number of cases, BWVC footage was not available.

4.5 Preventing illicit items

4.5.1 There was a marked decline in the number of illicit items seized by officers but a concerning increase in the number of weapons. Totals for the year were as follows:

- Mobile Phones: 57 (50% decrease)
- Drugs: 206 (16% decrease)
- Alcohol: 12 (53% decrease)
- Weapons: 151 (22% increase)

4.5.2 The Board recognises that HMP Belmarsh confronts constant challenges in its efforts to prevent illicit items such as drugs, weapons and mobile phones entering the prison. As a reception prison, the volume of traffic to and from the courts and other establishments presents prisoners with opportunities to acquire illicit items, and many are seized on their return.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 Prisoners have a right to live in a clean and decent environment and a right to essential basic services. Belmarsh is a relatively recent addition to the prison estate (see section 2). However, it is an unforgiving living and working environment, with a turnover of 3,231 men serving time in the reporting year, which amounts to approximately 270 arrivals a month. Years of under-investment have started to show, and several areas of the prison need refurbishment.

5.1.2 Management efforts to replace flooring and beds have been set back by existing contractual arrangements, with frequent delays and cancellations to scheduled repairs. The replacement of metal bed frames with newer, wooden-style beds and furniture was carried out during the reporting year. IMB members noted that the number of cells out of action fell, with only seven still awaiting repairs in June.

5.1.3 The IMB received complaints from prisoners that they were not given the correct allowance of clothes, and HMIP inspectors reported in their September 2024 report that only 42% of prisoners were receiving clean bedding each week; and, in some weeks, none was available. Managers addressed these problems at the start of the financial year, and it is hoped extra spending will make a difference.

5.1.4 Prisoners in the high security unit (HSU) complained to the Board about the heating in their cells and the lack of temperature control on the hot water in the shower rooms. Members noted that the cells were often freezing in winter and uncomfortably hot in summer. Fans were made available, but the regulation of the temperature in the unit continues to be an issue.

5.1.5 The Board observed another significant rise in the number of vulnerable prisoners (VPs) deemed to be at risk of being targeted by other prisoners. There are now too many to accommodate on the prison's dedicated spur and, as of June 2025, between 20 and 30 VPs were being held in cells on general spurs alongside other prisoners. Due to safety concerns and staffing issues, the prison was frequently unable to offer these prisoners their full regime of work, exercise and a shower, and they were often confined to their cells for extended periods during the day.

5.1.6 By contrast, a great deal of effort has gone into the planning and delivery of a new incentivised substance free living spur (ISFL) for prisoners who are trying to tackle addiction to drink or drugs (see section 6.7.5). Prisoners who volunteer for the spur receive counselling and incentives such as extra time for association or gym. Members have observed that the ISFL unit has a more relaxed feel than the other spurs, with soft seating available in the communal area, board games and a library books trolley. Officers reported that the spur was exercising a positive effect on the atmosphere in the houseblock as a whole.

5.1.7 Members reported concerns about external areas of the prison during the year, particularly the piles of litter that were allowed to accumulate outside the houseblocks, and a marked increase in vermin. In response, there were several welcome clean-up initiatives. The healthcare centre exercise yard was given a makeover with bright murals, new seating and plants (see section 6.1.5), and the Board understands the prison is planning to do something similar in the segregation unit's exercise space. The Board has repeatedly commented on the need to reintroduce the HSU garden project in the large, existing designated HSU garden space, so that prisoners who are locked

behind their doors longer than most can carry out purposeful work in the fresh air. Unfortunately, as of June 2025, there were no plans for this to take place.

5.1.8 The kitchen provides three meals a day, comprising a cold, dried pack for breakfast, a choice of five options for lunch and a choice of five options for dinner. Lunch is cold and pre-packaged during the week, but a hot option is available at weekends. In April 2025, the budget per prisoner increased from £2.70 to £3.12 per day. Food price rises were mixed, with some items (notably chocolate and coffee) increasing by 25%, eggs and cheese by 15% and red meat by 10%. Halal, vegetarian and vegan dishes are provided daily, and kosher meals are available on request.

5.1.9 The kitchen manager attends monthly meetings with representatives from the houseblocks to listen to their ideas for improvements and changes to the menu. The Board still receives complaints from prisoners that the nutritional information provided with meals is incorrect. We hope the introduction of new Ministry of Justice guidance will help resolve this problem. Members also raised concerns about the cleanliness of the serveries on the houseblocks, and that prisoners working in them were not always wearing appropriate hygienic clothing. Managers have undertaken to tackle both these issues.

5.1.10 Prisoners with money can buy items from the 'canteen', including fresh fruit and vegetables. However, there have been issues with the quality of the food, missing item and the time it takes to ensure prisoners receive a refund from DHL, the service provider.

5.2 High security unit

5.2.1 The HSU accommodates up to 16 high-risk category A prisoners on two spurs. A further two spurs are available for use by the prison in exceptional circumstances. In previous years, the IMB has commented on the limited time prisoners have been able to spend out of their cells, the failure to provide them with opportunities for purposeful activities and the difficulties they faced keeping in touch with their families.

5.2.2 A new Governor in charge of the HSU was appointed in the reporting year and the Board noted that improvements were made. The number of written representations to the Board (applications) fell from 17 to 5 during this time. Issues raised by the prisoners and by the IMB on their behalf, included the heating, the limitations imposed on their regime when there were insufficient officers available, the delivery of property, social visits, and the poor state of the HSU showers.

5.2.3 A full regime, consisting of approximately eight hours out of cell - and purposeful activity - was limited to up to three days per week, with exercise periods available on all days of the week. There are very few opportunities for education - only two classes per week (Monday and Wednesday), plus visits by teaching staff who offer prisoners some private in-cell work. The IMB remains concerned about the lack of purposeful activities for prisoners in the HSU, and the lack of opportunities to learn skills that will be of use outside prison

5.2.4 Previous annual reports have referred to the absence of in-cell phones in the HSU. In-cell phones are available in the rest of the prison and in the prison estate in general, including for category A prisoners. HSU prisoners were obliged to make personal and legal calls in an open area and within the hearing of other prisoners and prison staff. The provision of a second phone in a vacant cell has offered them more privacy and is to be welcomed, although there have been some operational issues in securing its use and it is subject to staffing, so its availability is limited.

5.3 Segregation

5.3.1 There are 16 cells in the segregation unit, 14 of which are used for close confinement of prisoners from the prison's general population. One of these is used as a 'constant watch' cell, when a prisoner is judged to be at risk of serious self-harm. Two more cells are designated for close supervision centre (CSC) prisoners. In addition to the 16 regular segregation cells, there are two special accommodation cells, where toilets, furniture and bedding have been removed in the interests of safety. These are used only occasionally and only when a prisoner demonstrates very challenging behaviour. There are also three segregation cells and a special accommodation cell in the HSU.

5.3.2 The segregation unit is staffed by a custodial manager and a team of supervising officers (SOs) and prison officers, who are specifically recruited to work in the unit. Every day there are fresh challenges, and members observed many instances during the year of officers supporting prisoners, some of whom demonstrated combative and violent behaviour. Many more were experiencing severe mental health issues and needed care in a more therapeutic environment. Segregation appears to be well supported by the clinical team.

5.3.3 At the end of the reporting year, 15 prisoners were being held in the unit, with one more in an HSU segregation cell. Of these, five were CSC (Rule 46) prisoners. Rule 46 allows for a prisoner to be removed from general association with other prisoners and placed in a close supervision centre, or CSC. Four of the 15 prisoners in the unit were young adults (under 25). Eight of the 15 were multiple-unlock prisoners, which means they require three or more officers to be present when a cell door is opened. In the case of three of these prisoners, six officers and a supervisor in personal protective equipment (PPE) were deemed necessary.

5.3.4 The increase in the number of multi-unlocks has put a huge strain on officers, as well as on resources, and has led to restrictions on the regime that can be offered to the other prisoners on the unit. CSC prisoners held under Prison Rule 46 are managed externally by the CSC management committee, with reviews undertaken monthly. Belmarsh provides a written assessment of the CSC prisoners in its segregation unit to the management committee every month. The Board was very critical of the lack of transparency and accuracy in the compilation and consideration of these assessments, including the involvement of the individual prisoners.

5.3.5 There are only two designated CSC cells in the unit, which are funded for additional staff from the CSC group. At the end of the reporting year, the segregation unit was being used to accommodate four CSC prisoners, which proved a strain on resources, as they all require a level of multi-officer unlock. Three cells were out of action, leaving only eight for use in a prison with a population of more than 700 prisoners. One CSC prisoner was being held in the HSU segregation cells.

5.3.6 Segregation is meant to be a time-limited intervention, but it is clear from prison records that most prisoners were held in the unit for more than a week, while some were held for many weeks. At the end of the reporting year, four prisoners had been in segregation for over 100 days, including three of the CSC prisoners. One of the three had been in the unit for more than 500 days. Members pressed for a review of his situation at monthly CSC management committees but, as of June 2025, no progress had been made on finding an alternative location in the estate. The Board was satisfied that alternatives to segregation were routinely explored for long-stay prisoners, if they were feasible.

5.3.7 The IMB noted a rise in prisoners using their body fluids to make a protest in the unit. So-called 'dirty protest' conditions are unpleasant for staff and other prisoners held in the unit; they are also difficult to manage and costly to repair. Dirty protests by a small number of difficult or troubled prisoners frequently affected the regime that could be offered to everyone else on the unit.

5.3.8 Board members observed segregation review boards for prisoners held under Prison Rule 45 on a weekly basis. Rule 45 allows for a prisoner to be removed from association with others for the prison's good order or discipline, or for the prisoner's own protection. Review boards are chaired by a Governor, with prison officers from the unit, a nurse and a psychologist present. Governors responded positively to IMB representations to engage with even the most difficult multi-unlock prisoners either face-to-face or at the door of their cells.

5.4 Staff and prisoner relationships, key workers

5.4.1 Prisoners should be able to engage with a designated key worker every two weeks. These sessions provide a structured opportunity to talk to staff; they foster positive attitudes in the prison and are vital in supporting rehabilitation and reducing reoffending.

5.4.2 It is concerning that the number of key worker sessions fell from 700 in October 2024 to 149 in June 2025. Although most arrivals are allocated a key worker within six days, they are obliged to wait up to 44 days for their first session. The Board would like to see all prisoners receiving their first key worker session much earlier. This is especially important for the increasing number of young and vulnerable prisoners that are joining the prison's population.

June 2025 key work statistics

5.4.3 There was a dramatic fall in the number of sessions between prisoners and their key workers. This was caused by a significant rise in the number of staff on sick leave. Staff absence also had a negative effect on the daily regime in the houseblocks, the healthcare unit, the segregation unit and the HSU.

5.4.4 With the introduction of a new prison regime in April, prisoners were able to spend more time out of their cells. Key worker sessions should be 45 minutes long and take place during activity sessions, but this is only possible when eight or more staff are on

duty. In the last month of the reporting year there were only six out of a possible 34 periods when staffing permitted sessions to take place.

5.5 Equality and diversity

5.5.1 Belmarsh has a younger population and a higher percentage of black prisoners than other establishments in the long term high security estate (LTHSE). In the last quarter of the reporting year, the prison population was 37% white, 33% black, 7% of mixed heritage, and 6% with an Asian background. Prisoners between 18 and 21 made up 16% of the population, a year-on-year increase of more than 50%. Most of these young prisoners were held on remand and some were new to custody. The Board does not believe HMP Belmarsh is sufficiently well resourced to be a suitable location for these younger individuals.

5.5.2 The Board was impressed by the prison's efforts to promote equality and monitor its performance against protected characteristics, such as age, religion, disability, gender reassignment, sex, and sexual orientation. The equality team produced detailed breakdowns of race, religion and other protected characteristics in areas such as the use of force, segregation, employment, adjudications and prisoner complaints, with trends and anomalies thoroughly reviewed. The team promoted equality-related events and presentations during the year, with displays on occasions such as Martin Luther King Day and Holocaust Memorial Day.

5.5.3 Prisoners who believe they are victims of discrimination can submit a confidential discrimination incident reporting form (DIRF). The prison investigated 13 DIRF complaints, a 43% fall on the previous year. The thoroughness of the prison's investigations was reviewed by an external body, the Zahid Mubarek Trust, a charity that advocates for racial justice in the prison system. While black prisoners comprise on average 33% of the Belmarsh population, they made 50% of the confidential discrimination complaints. The majority of race-related complaints were against staff members rather than other prisoners, and 33% of these complaints were upheld.

5.5.4 The work of the equality team is supported by prisoner and staff representatives on the four houseblocks. The rapid turnover of the prisoner population presents a recruitment and training challenge. Trained representatives are frequently transferred to other establishments. The prison was able to muster an average of only one prisoner representative per houseblock during the reporting year. One block was without an equality representative for nine months. Members noted that, by the end of the reporting year, the team's efforts to fill the gaps was beginning to bear fruit.

5.6 Faith and pastoral support

5.6.1 The chaplaincy team is well staffed, effectively led and maintains a strong and visible presence throughout the prison. In the final quarter of the reporting year, 35% of prisoners identified as Muslim, while 42% identified as Christian (primarily Roman Catholic and Church of England).

5.6.2 All the major faith groups hold collective acts of worship in the week. However, Muslim Friday prayers continue to be conducted by houseblock because of safety concerns, a restriction that limits attendance for some prisoners to every other week. Friday prayers are facilitated in the HSU, and communion is given to individual prisoners in the segregation unit on request. Prisoners frequently complained to Board members that they received late calls to attend services.

5.6.3 The chaplains also offer valuable one-to-one support to prisoners in need of pastoral support or experiencing personal crises, and all prisoners, irrespective of their faith, can request a visit from a chaplaincy team member. A member of the chaplaincy team visits the segregation unit every day and the HSU once a week.

5.6.4 In addition to help from the chaplaincy team, prisoners may seek confidential emotional support and advice from the Samaritans and from the prison's own peer support network of trained Listeners. Prisoners can speak to the Samaritans by phone or they can speak to a fellow prisoner who has been selected and trained by the charity to offer peer support. Ensuring Listeners are available is a constant challenge because trained prisoners are frequently lost to other establishments, and it takes time to recruit and train replacements. Numbers varied across the prison during the year, with one houseblock reduced to a single trained volunteer. The Board understands that requests from prisoners struggling to cope were often turned down because there was no Listener available. There were 23 Listeners in the prison at the end of the reporting year.

5.7 Incentives schemes

5.7.1 The prison's incentives scheme fosters positive attitudes and good behaviour, with prisoners earning privileges for following clearly defined rules. Prisoners recognise the benefits of reaching the enhanced, or top level in the scheme. The Board received complaints throughout the year from prisoners who had been reduced from enhanced to standard (middle level) or basic (bottom level) and were protesting their loss of privileges. There was a notable number of complaints from prisoners in the segregation unit in the first quarter of the year. Most of these involved inconsistencies in permissions given by Governors for certain privileges, such as the use of a radio. Members sought clarity from Governors, who moved swiftly to resolve the issue.

5.7.2 The equality team monitors incentives scheme levels by age, ethnicity and location in the prison. The number of young adults (aged 18-25) on basic status is significantly higher if compared with the prison population as a whole, and the number on the enhanced level much lower. In May 2025, only 9% of the prison was on basic, while 30% of prisoners enjoyed enhanced status. By contrast, only 11% of young adults were at the enhanced level of earned privileges, and 35% were on basic status.

5.8 Complaints

5.8.1 Belmarsh has a framework governing the ways in which a prisoner can make a complaint and the time it should take to receive a response. The prison reports monthly on complaints from prisoners, and analyses trends, response times and areas of concern. Over the reporting year, it maintained an impressive monthly response rate of at least 93%.

5.8.2 However, prisoners repeatedly complained to IMB members that they had submitted forms that the prison had no record of receiving. Canteen forms, for buying items, are provided in triplicate, but complaint forms are not, and the only way a prisoner can prove he has submitted one is if he pays the prison for a photocopy.

5.8.3 Following on from last year, most complaints from prisoners were related to 'residential' issues, defined as matters concerning the houseblock, which would usually be answered by houseblock staff. However, there was a steep rise in complaints about canteen, most of which were from prisoners requesting refunds for incorrect orders or items that went astray. The number of monthly complaints peaked in July 2024, with a gradual decline observed through the reporting year.

5.9 Property

5.9.1 In its three previous annual reports, the Board noted the frustration and stress prisoners experience when their property has been lost in the system. This remains the case, despite assurances from the Minister and HMPPS that the new Prisoners' Property Policy Framework would improve the situation and outcomes.

5.9.2 Board members found it encouraging that the overall number of applications to the IMB relating to inter-prison property dropped in the reporting year from 65 to 38. However, there were 38 Comp 1 (ordinary) complaint forms submitted by prisoners about inter-prison property between January and June 2025. In many cases it was not simply clothes and trainers that were lost, but legal papers required in the ongoing defence of a prisoner on remand, or precious family photos of loved ones. Prisoners told us that the loss of property had a negative effect on their mental health.

5.9.3 Most lost property occurs when a prisoner is moved between establishments. Volumetric controls imposed by the escort contractor require bags of property to be left behind on transfer if they exceed a certain weight limit. Stricter interpretation of the rules by the prison escort contractor has added to the problem.

5.9.4 There is no automated system in place to track property, requiring paper queries to be sent between prisons. The system relies on the manual recording of tags on prisoners' property bags, and a handwritten property card itemising every piece of the prisoner's possessions. The process for recording and following up lost property is archaic and requires a significant paperwork exchange between prisons, with many items reported as lost. Staff in reception at Belmarsh are sometimes obliged to drive to a 'sending' prison to retrieve missing property. The Board recognises and commends the efforts they make in reuniting prisoners with their belongings.

5.9.5 There have been improvements in the handling of property within Belmarsh itself, however, the process remains haphazard and laborious. It often took two weeks or more to unite a prisoner with his belongings. Property was generally delivered to prisoners at weekends, but only when there were sufficient staff on duty.

5.9.6 Members observed that there was very little direct prison-to-prison contact between staff responsible for processing property, and no straightforward communication by email when problems occurred. Paper complaint forms had to be forwarded to 'sending' prisons. The number of parties involved in the transfer of a prisoner's belongings frequently caused long delays. In many cases, it was only when the IMB became involved that action was taken to retrieve missing items.

5.9.7 In one case, the IMB received an application from a prisoner who was transferred to Belmarsh from HMP Pentonville. The prisoner was transferred again before he could be reunited with his property, and it was only after interventions by members from three different monitoring Boards that his belongings were delivered to him in June 2025, seven months after his initial transfer.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 Responsibility for the provision of healthcare services rests with a private provider, the Practice Plus Group (PPG). The Board believes PPG is providing a generally good standard of care in most areas. PPG took over the contract from a local NHS trust in June 2023, and the change resulted in an exodus of experienced staff. PPG is a well-established provider of primary healthcare in the prison estate; at HMP Belmarsh, it took on the additional challenge of providing a comprehensive mental health service. The Board noted in its last report that PPG struggled at first to meet the needs of prisoners with complex behavioural and mental health issues. A year after taking over the contract, only 61% of permanent posts were filled, with a further 12% of appointees awaiting security clearance. At the end of the 2024-25 reporting year, 71% of permanent posts were filled, with another 18% awaiting security clearance.

6.1.2 The healthcare team was responsible for a long patient list, with more than 6,000 appointments booked in May 2025, an increase of a third over the reporting year. In the two years PPG has been responsible for healthcare provision in the prison, the monthly figure has increased from 3,000 to more than 6,000 bookings a month. Prisoners can access a comprehensive range of primary health and psychosocial services from a large clinical team, which includes GPs, a psychiatrist, psychologists, dentists, opticians and specialist nursing staff. At the end of the reporting year, more than 90% of prisoners who made appointments were seen by a healthcare professional.

6.1.3 A small number of outpatient clinics continue to experience many cancellations and 'no-shows', with prisoners missing booked appointments. Diary clashes remain an issue: presented with a choice between a social visit or activity and an appointment with the dentist, prisoners often elected to skip their appointment, confident that they would not have to wait long for another. Multi-unlock prisoners and prisoners in the high security unit (HSU) experienced difficulties accessing healthcare services, and appointments were frequently cancelled when officers were not available to escort them to the healthcare (see section 6.2.3).

6.1.4 Members observed that staff delivered a consistently high level of care to patients admitted to the prison's in-patient unit (IPU), and officers and members of the healthcare team are to be commended for the efforts they made throughout the year. The IPU has beds for 32 patients, 12 of which are on its two open wards, with the remainder in individual cells. Plans for improvements to the unit were delayed at the beginning of the reporting year by changes in management, with four different Governors taking over responsibility for healthcare in almost as many months. The head of healthcare has brought energy, commitment and fresh ideas to the role.

6.1.5 The exercise yard has been transformed into a bright, calming space; cells and communal areas have been painted, and work was almost complete in June 2025 on a sensory room, with soft lighting, noise reduction and calming colours to help neurodivergent prisoners cope with stress. Nevertheless, the Board believes more could still be done to create a therapeutic environment and – in the words of one senior clinician – '*Turn the IPU into more of a secure hospital than a segregation unit.*' Health professionals are obliged to conduct conversations with 'multi-unlock' patients through a cell door. They have advised IMB members that the installation of a Perspex bubble would permit them to have face-to-face contact with patients and improve consultations and treatment outcomes.

6.1.6 Single-officer unlocks (‘mains’ prisoners) in the unit spend time out of their cells during the day (see section 6.6.3), but their association room is small and frequently used by healthcare and prison staff for meetings and patient reviews. Space is available on the unit’s two open wards, but the beds are often occupied by prisoners who have no need of medical care. Clinicians have advised Board members that more association and time spent on purposeful activities would improve recovery and outcomes for patients. Staff have begun to hold monthly meetings to canvass the views of the prisoners in the unit, and this has been well received by all.

6.1.7 The Board is of the opinion that some of the elderly and disabled prisoners in the IPU would benefit from being accommodated elsewhere in the prison or at a more suitable establishment in the estate. There is no plan for progression for these prisoners and little in the way of activities. The Board believes many of these prisoners, especially the younger disabled men, would benefit from a more stimulating regime. Members continue to support the view of the healthcare professionals that places in the IPU should be allocated on the basis of clinical need.

6.1.8 The 20 individual cells in the in-patient Unit (IPU) were occupied continuously throughout the year and prisoners awaiting a place were held in the segregation unit or on a houseblock. Officers in these areas are to be commended for the efforts they made with patients who presented with challenging behaviour. However, the Board believes these are not suitable locations for the care and treatment of patients with acute mental health conditions. The problem of space in the IPU was exacerbated by the number of high-profile life sentenced prisoners held indefinitely in the unit, with no prospect of a move to another establishment in the estate. Members noted an increase in the number of ‘multi-unlock’ prisoners, many of whom were waiting for a place in a secure hospital (see section 6.3.4).

6.1.9 The Board raised concerns with the prison about arrangements for the dispensing and monitoring of prescription medicines. Medication rounds are often delayed due to staffing issues and there are often accessibility issues at night in dispensing. The Board was alarmed by cases of prisoners not receiving their medication in a timely manner and other cases where prisoners were hoarding their medication. One high-profile prisoner in the IPU was found to have hidden 40 tablets, raising fears he was intending to self-harm. Healthcare staff are expected to ensure prisoners have taken their medication.

6.2 Physical healthcare

6.2.1 The Board supports the assessment made by His Majesty’s Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) in its September 2024 report that the primary healthcare team ‘*provides a good service to most prisoners’.* As indicated in section 6.1.2, healthcare is responsible for a long and growing patient list, with more than 6,000 appointments booked in the last month of the IMB’s reporting year.

6.2.2 However, in the same month, a third of outpatient appointments were lost because prisoners did not attend consultations with doctors, the dentist or other health specialists. Of 153 dental appointments made in May 2025, there were 60 ‘did not attends’ (DNAs), and only 35 out of 68 prisoners with long-term conditions were seen by the healthcare team. Attempts to prevent timetable clashes were set back by a switch in systems. The prison’s activities hub was no longer able to notify the healthcare centre that an appointment would have to be rescheduled, which resulted in outpatient cancellations edging up once again. The Board remained concerned about the cancellation of external medical appointments. There were 63 planned hospital

appointments in May 2025, 24 (38%) of which did not take place. Of the 39 that did take place, 22 prisoners were late leaving the establishment, with five of them after their actual hospital appointment time.

6.2.3 Prisoners in the segregation unit and the HSU, who were often in great discomfort, were sometimes obliged to wait weeks to attend a medical or dental appointment. In most cases, this was because the prison was unable to allocate sufficient officers to escort a prisoner to the healthcare centre. The Board highlighted the issue in its last report, and HMIP drew attention to it in its September 2024 in section report, but Board members continued to receive complaints from high security prisoners throughout the reporting year. External appointments for category A prisoners also remain an issue. Approval must be sought from the Prison Service and prisoners are required to spend time in the IPU before their appointment. Cells in the IPU were almost always occupied and, in some cases, appointments were cancelled because there were insufficient officers to escort a prisoner to hospital.

6.2.4 Members also raised concerns about the management of medical emergencies in the prison. Ambulances and paramedics answering emergency calls were sometimes held up at the gate until consent was given and paperwork was completed. This took longer in some instances than was either necessary or safe. An IMB member witnessed a serious medical emergency in May 2025, when an attempt to take a prisoner who had lost a lot of blood to hospital was delayed in the prison courtyard for 17 minutes while officers tried to complete the necessary paperwork. The prison has since undertaken to review its procedures.

6.3 Mental health

6.3.1 The Board observed an improvement in mental health provision during the reporting year and would echo the HMIP/CQC assessment that PPG is providing a generally good service, with strong leadership and well-trained staff in place. The Board hopes that the progress made in the year will not be threatened at its end by fresh uncertainty over the retention and recruitment of key members of the healthcare team. Care pathways were considered by the mental health team, not only for prisoners with diagnosed mental health problems but also for those with significant behavioural issues, and it was the intention of the team lead that no one be turned down because the threshold of concern was too low. A new emphasis was also placed on the introduction of crisis plans to help prisoners with a personality disorder manage strong emotions and to teach them coping strategies.

6.3.2 Members raised concerns about the monitoring of prisoners on assessment, care in custody and teamwork (ACCT) plans and the quality of the records kept on the houseblocks. These are referenced in section 4.2.1.

6.3.3 The Board was also concerned that insufficient care was being taken in some cases to ensure the wellbeing of prisoners who self-isolate. The Board pressed, and will continue to press, the prison to tighten up procedures to ensure this vulnerable group of prisoners is kept safe and their mental health is monitored closely. This is referenced in section 4.2.2.

6.3.4 Board members noted a rise in the number of prisoners transferred to secure hospital settings in the year. NHS guidelines state that this should take place within 28 days of a referral being completed by one of the local health authorities; however, this has happened only twice in the last two years. On average, patients at Belmarsh were obliged to wait 80 days for a hospital place. There was a spike in January, with 21

patients awaiting a secure hospital place, which is almost 3% of the entire Belmarsh population. The problem was exacerbated in the year by the transfer of prisoners with diagnosed mental health conditions from other prisons in the estate.

6.3.5 The prison's in-patient unit (IPU) was not able to accommodate everyone awaiting a secure hospital place and some very unwell prisoners were held on houseblocks and in the segregation unit on 'do not unlock' regimes. At the end of the reporting year, only seven out of 18 patients were being treated in a medical setting. The Board remains firmly of the view that prisoners with complex health needs should be treated in an appropriate healthcare setting. Close confinement in cells on houseblocks or in the segregation unit puts an additional strain on patients and on those responsible for looking after them.

6.3.6 The Board was impressed by the efforts of most staff to help and communicate in a sympathetic way with prisoners who have complex mental and behavioural issues. However, healthcare professionals expressed concern to Board members that some officers were too quick to punish patients for violent or disruptive behaviour that was a symptom of their condition. HMIP noted in their inspection report that *'more training was required to remedy this'.* The healthcare team introduced regular meetings with officers in the IPU to discuss flashpoints when prisoners acted violently, and a medical opinion is now sought before an unwell prisoner is punished for his behaviour. The Board hopes this approach can be extended to officers working on the houseblocks.

6.3.7 The Board recognises the need to urgently address these concerns, especially as the leader of the mental health team has stated that he wishes to return patients treated in the IPU to a houseblock more quickly. Valuable peer support for prisoners struggling with their mental health continues to be offered on the houseblocks by teams of Listeners. There were 23 Listeners on the four blocks at the end of the reporting year, and young adult (YA) representatives and mentors have also been recruited to offer support to a growing cohort of the prison's population. However, the retention of trained Listeners remains a problem (see section 5.6.4). The Board was made aware of prisoners in crisis and with a history of self-harm requesting support, only to be told no Listener was available.

6.4 Neurodiversity

6.4.1 The responsibility for providing support for neurodiverse prisoners with conditions that include autism, ADHD (attention deficit hyperactivity disorder), and dyslexia is shared between the private health provider (PPG) and the prison. At the end of the reporting year, the prison was in the process of recruiting a new neurodiversity support manager. Figures collected by the prison suggest almost 50% of Belmarsh's population have either been identified or self-identified as neurodivergent. Prisoners in need of social, emotional and mental health support make up the largest group, but many have more than one neurodiverse condition.

6.4.2 The Board commends the prison's commitment to providing support for this cohort of prisoners and its attempts to raise staff awareness of their needs, but members would echo the view of the professionals working in the area that more is still to be done. Whilst more support is available to adults with ADHD in the prison than might be the case in the community, their need is also greater. In the last quarter of the reporting year, as many as 80% of incidents of self-harm were carried out by prisoners with one or more neurodiverse conditions. The PPG neurodiversity team of four full-time and one part-time specialist is spread thinly across the houseblocks and the IPU. Valuable additional support is offered on the houseblocks by officers recruited to act as

neurodiversity champions, and there are plans to set aside space for sensory rooms along the lines of the one being established in the IPU.

6.5 Non-English-speaking prisoners

6.5.1 Following the death of a prisoner in the healthcare centre, the Board raised concerns about the isolation of prisoners in the centre and elsewhere who do not speak English fluently. In the months leading up to the prisoner's death, members observed his distress at his inability to communicate properly with officers and healthcare professionals. He was only able to make himself partially understood with the help of an officer who spoke a related language. Only once in the months before his death was a phone interpreting service used to facilitate a meaningful conversation.

6.5.2 Belmarsh has a contract with a phone interpreting service, but the list of staff able to authorise its use was not kept up to date and qualified interpreters were used only occasionally. There are, on average, between 200 and 220 foreign national prisoners at Belmarsh at any one time. The prison has appointed a foreign national prisoner support worker, but their task is made more difficult by a failure to collect reliable figures on non-English-speaking arrivals to the prison.

6.5.3 Managers have advised the Board that a computer tablet with an instant AI interpreting programme would require the authorisation of the Prison Service. It is a matter of regret that this has not been forthcoming, and that very little has been done to ease the isolation of this group of prisoners in either the healthcare centre or elsewhere in the prison.

6.6 Time out of cell and regime

6.6.1 Prisoners in the houseblocks are supposed to be allowed to spend at least three hours out of their cells; time they can spend in the exercise yard, on chores, or simply associating with other prisoners on their block. Unfortunately, this three-hour window is sometimes curtailed because staff are not available to deliver the full regime. A minority of prisoners have additional time out of their cells at education classes or working in one of the prison's industries (see section 7). HMIP inspectors noted that Belmarsh has the capacity to offer part-time work to everyone, but fewer than a quarter of prisoners have been allocated some sort of purposeful activity.

6.6.2 Prisoners in the high security unit are obliged to spend even more time behind their doors. The full regime is only available to them for up to three days of the week. The time they are allocated for exercise and association on the other days is sometimes reduced by a half. The prison provides very little in the way of educational and work opportunities for these men (see section 7). Prisoners in the segregation unit are offered exercise on their own for half an hour a day.

6.6.3 The prison's in-patient unit (IPU) offers 'mains' or single cell unlock prisoner-patients some association throughout the week, but very little in the way of education or work. An occupational health therapist holds sessions for 'main' prisoners twice a week, and an art teacher takes a class. The Board believes that long-term prisoners in the unit would benefit from more constructive engagement with the education department. Multi-unlock patients are often kept behind their doors for more than 23 hours a day. Clinicians have advised IMB members that many have mental or behavioural issues that are exacerbated by their sense of isolation and a lack of purposeful activity. A shortage of staff at weekends means the multi-unlocks have half an hour a day to shower or exercise and are confined to their cells for the rest of the time.

6.7 Drug and alcohol rehabilitation

6.7.1 Drug and alcohol abuse remains a significant challenge at Belmarsh, with approximately a quarter of the population receiving psychosocial support for substance misuse problems at any given time. Clinical and psychosocial support for prisoners with substance abuse issues is provided jointly by PPG and the Phoenix Futures charity. An average of 161 patients per month were actively engaging in Phoenix Futures psychosocial treatment during the reporting year.

6.7.2 Prisoners addicted to drugs and/or alcohol are screened on arrival to ensure any immediate needs are met. This may include opiate substitution therapy (OST). Phoenix Futures staff endeavour to follow up with guidance and an offer of support within 48 hours. Referrals to Phoenix are also made by the mental health team and by houseblock officers.

6.7.3 There was a marked fall in the number of prisoners discovered under the influence of illicit substances during the year. Mandatory drug testing (MDT) results suggest Belmarsh is one of the most successful reception prisons in the estate at controlling the entry of illicit items (see section 4.5.1).

6.7.4 Members received complaints from some prisoners that they were unable to access their prescriptions when escorts were late returning them to the houseblocks after activities. Concerns were also raised about the monitoring of abusable medicines, such as opiates, particularly the thoroughness of checks undertaken to ensure they are not hoarded or traded (see section 6.1.9). In the final month of the reporting year, 360 prisoners out of an establishment total of 1070 prisoners who spent some time in the prison were taking ‘abusable meds’, many of them for addiction issues, and 65 were on two or more.

6.7.5 An incentivised substance free living (ISFL) spur, for prisoners working to overcome substance abuse issues, was established on houseblock 2 during the year. There are 56 spaces on the ISFL spur (Acorn unit) in June 2025, with 20 of the 56 prisoners located on the spur being active on the Phoenix Futures caseload. Phoenix Futures facilitates recovery-focused group work interventions on the spur, engaging the entire cohort.

6.7.6 In collaboration with the prison, Phoenix Futures has made great efforts to provide a space that is modern and an environment that is communal, where prisoners can focus on recovery and personal growth. Incentives include additional gym sessions, increased unlock time, increased weekend unlock periods, converted kitchen facilities and a washing machine, as well as on-spur TV and gaming equipment. There is also regular drug testing, which new residents agree to complete as part of the compact they make on the spur. Members have observed that the atmosphere is relaxed and friendly, with participants committed to the scheme; test results indicate that continuing drug use is very rare.

6.7.7 For most of the reporting year, Phoenix Futures ran a regular programme of mutual aid groups for patients, chaired by Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous. Members received complaints that due to free movement issues in the prison, patients were frequently late to sessions. A staff shortage at the end of the reporting year led to the cancellation of sessions, with no one available to supervise the Cocaine Anonymous and Narcotics Anonymous group work. However, peer support from mentors trained by Phoenix is available on the four houseblocks.

6.7.8 The Board noted, with concern, that most prisoners with substance abuse issues were not continuing to access support services after release. Only 40% of ex-prisoners referred to community drug and alcohol treatments services were still engaging with structured support 21 days after leaving the prison, compared with a national average of 55% of men released from the prison estate.

6.8 Social care

6.8.1 Care is provided for prisoners who struggle to care for themselves because they are disabled or elderly or have some other protected characteristic. Responsibility for its delivery rests with the private provider, Eleanor Care, on behalf of Greenwich Borough Council. At the end of the reporting year, 23 prisoners were receiving some sort of assistance, a number that represents an average of 220 hours of support a week. Prisoners are visited by trained care and support orderlies, who help them with a range of personal care needs, chat to them and do their best to minimise the risk of social isolation. Prisoners have spoken highly of their interactions with the Eleanor Care team.

6.9 Soft skills

6.9.1 While there was some provision of 'soft skill' activities to help prisoners cope with the routine of life inside, they were limited and attendance at sessions was patchy. This was due, in some circumstances, to factors beyond the prison's control, such as the transfer of prisoners within the estate. However, there were many cases of staff being diverted to other activities, scheduling clashes, and the outright cancellation of sessions.

6.9.2 Soft skill activities are designed to help prisoners build emotional resilience, solve problems, communicate better and avoid conflict. Regrettably, a number of Belmarsh's soft skill programmes were on pause at the end of the reporting year, pending the introduction of the new national 'Building Choices' scheme in October 2025. Only a limited number of places will be offered on this scheme, and the prison is expected to organise alternative activities for those who miss out. The Board hopes that the prison's resources will allow for this, and that adequate training will be provided for staff ahead of the scheme's introduction.

6.9.3 There were few opportunities for soft skills development sessions within the psychological therapies service. The Calm and Compassion programme has been stopped and there were no plans for a replacement, which is disappointing.

6.9.4 Ongoing informal activity such as board games, reading and the creation of books for prisoners' children in the library, family enrichment time in social visits, and interaction with faith leaders continued to play an important part in supporting the wellbeing of prisoners. The Board also received positive feedback from prisoners who attended one-off initiatives, such as the workshops on the benefits of a non-offending lifestyle, the conflict resolution workshop, and Phoenix Futures' Christmas gift session. The Board welcomed the extension of activities like these to some of the prisoners on remand in Belmarsh.

7. Progression and resettlement

The prison made an effort to provide more worthwhile work and activities for prisoners during the reporting year. However, opportunities for vocational training remain very limited, and the time-consuming process of moving prisoners around the establishment continues to present an obstacle to the productive use of time.

The Board welcomed arrangements to extend to remand prisoners some support services previously only available to convicted prisoners.

7.1 Education, library

7.1.1 The Ofsted report that formed part of the HMIP review of Belmarsh in 2024 ranked education provision as inadequate, highlighting low enrolment figures, difficulties caused by the system of movement of prisoners around Belmarsh, and an insufficient number of prisoners achieving desired qualifications. An update in April 2025 noted reasonable progress against concerns previously raised, except in ensuring prisoners have appropriate personal learning plans (PLPs).

7.1.2 Members recognised the efforts of education staff to ensure that relevant opportunities were available to prisoners. Around 36% of prisoners were enrolled in education courses in any given week. The average attendance rate of those enrolled was 68%, suggesting that 25% of prisoners were taking part in education at any given time; the course completion rate was around 76%, with a significant part of the non-completion figure due to prisoners transferring out of Belmarsh.

7.1.3 The Board is concerned, particularly in the light of responses to our recommendations last year, that the education budget for Belmarsh has been cut by 11%, and it understands that a further cut of 19% is planned. Education is an essential tool in helping prisoners acquire the skills they need to make a success of life outside prison and stay out of the system.

7.1.4 Education staff supported prisoners who wished to study at a higher level: 61 prisoners were enrolled on Level 3 distance learning (A Level equivalent) or higher at the end of the reporting year. However, this opportunity is not covered by the current education contract. This is regrettable, as further education is valuable in itself and can provide structure and meaning to the lives of prisoners. Looking to the future and a change of education supplier, it is to be hoped that the new contract will lead to the introduction of a wider curriculum, including higher education classes.

7.1.5 Improvements in the ‘staggered controlled movement’ system for moving prisoners to and from activities were noted in the first months of 2025. Nevertheless, delays continued to occur, cutting into the time allocated for education, workshops and other activities. The Board recognises the difficulties caused by extensive gang membership across the establishment, but it encourages the prison to continue to work to streamline this process.

7.2 Vocational training, work

7.2.1 As of June 2025, the prison had 375 workspaces, enough for around half its population. Of these, 92 were in workshops; 190 were ‘wing jobs’, such as cleaners and prison mentor workers; and 93 were ‘off-wing jobs’ in places such as the kitchen and staff mess. On average, 74% of the available workspaces in the prison were filled in the reporting year. However, the average attendance in the workshops was a disappointing 60%; of the reasons given for non-attendance, only 12% were logged as ‘acceptable’ absences for court appearances, legal consultations and social visits.

7.2.2 A number of prisoners received professional qualifications during the year, opening the door in some cases to guaranteed job interviews on release. However, very few prisoners were able to benefit from this opportunity. The Board recognises frequent transfers within the estate and the high proportion of prisoners who are on remand or unsentenced – approximately 60% any one time – are a significant obstacle to change. Nevertheless, it would urge the prison to offer more places and a wider range of opportunities for vocational training, including those that can be taken up by prisoners who are considered high risk. It is unfortunate that, after years of planning, the barbering classes were unable to recruit sufficient numbers and at the end of the Board's reporting year the classes were under threat.

7.2.3 The Board received complaints from prisoners who were unable to take a shower on their return from workshops, or who found that, having chosen workshops over the gym during the week, they were unable to go to the gym at weekends due to staff shortages.

7.3 Offender management, progression

7.3.1 The Board welcomed the changes that were introduced to the rules governing IPP (imprisonment for public protection) prisoners during the reporting year. However, it notes that these changes were principally of benefit to IPP prisoners already released into the community. At the end of the year, Belmarsh held three IPP prisoners, with one likely to be released. Once again, the Board would like to express its concern that IPP prisoners are still being held for much longer periods than their original minimum term, with no clear route towards release.

7.3.2 Over the course of the reporting year, between 60% and 70% of Belmarsh's population was made up of prisoners awaiting trial or sentence, following one or more conviction. Unsentenced prisoners are unlikely to be moved to another prison, and their status also limits the help that probation staff can offer them for any future progression.

7.3.3 The Board continues to encounter category C prisoners – around 12% of the population – who are frustrated by the restrictions placed on them by the prison's high security. Pressure on numbers across the prison estate mean that it can be difficult to arrange transfers to more suitable locations for them.

7.3.4 The Board noted a marked increase in the number of young offenders (aged 18-21) who are category A prisoners, often serving long sentences. There is very limited provision for them to be held elsewhere in the adult prison estate. Security considerations limit the training that category A prisoners can undertake and their ability to use their time constructively and progress. The lack of purposeful activity can have a negative impact on their mental health.

7.4 Family contact

7.4.1 The prison organises social visits throughout the week, and prisoners have access to in-cell phones for calls to approved numbers. The Board hears occasional complaints about difficulties with booking social visits, or technical faults with the phone system but, generally, these work well.

7.4.2 However, in the high security unit (HSU), where additional security processes apply, the Board frequently hears of long delays to approve phone numbers and the clearance of visitors. This is particularly a problem for those prisoners who do not have family in the UK, or who require a translator to monitor their calls, which is an additional

– if understandable – barrier to family contact. A second phone has been installed, although access to it has been variable, depending on staffing levels in the HSU.

7.4.3 Prisoners can also apply for family days, when they can spend time with their children; during the reporting year, these were newly introduced for prisoners in HSU. The Board has observed these sessions on a number of occasions and always finds them to be well-attended and a positive experience for prisoners and their families.

7.5 Resettlement planning

7.5.1 The Board recognise the efforts made by the prison to support prisoners due for release. We note that, over the reporting year, an average of 30 prisoners left the prison each month on conditional release, and the prison endeavoured to ensure that these individuals had access to support for probation, accommodation and employment. Wider issues, including the nature of the establishment and the limited time for which many prisoners are present in Belmarsh, limit the impact the prison can have on successful outcomes for men released into the community.

7.5.2 Members welcomed arrangements that came into operation in February, extending support services to remand prisoners that had previously only been available to convicted men. Until the implementation of this change, remand prisoners freed by the courts were offered no help with accommodation and were often released without identification documents (ID) or a bank account.

7.5.3 The Board notes the efforts of the St Mungo's housing charity in supporting remand prisoners who risk losing their tenancy while detained. (St Mungo's is a provider, contracted to deliver commissioned rehabilitative services accommodation support.) This is a systemic problem that needs attention. We note that many prisoners are held on remand for extended periods, due to backlogs in the courts, and this creates significant problems for the individuals concerned.

8. The work of the IMB

Board Statistics

Recommended complement of Board members	16
Number of active Board members at the start of the reporting period	10
Number of inactive (training, shadowing, on sabbatical, etc) Board members at the start of the reporting period	3
Number of active Board members at the end of the reporting period	14
Number of inactive (training, shadowing, on sabbatical, etc) Board members at the end of the reporting period	1
Total number of visits to the establishment	397

Applications to the IMB

Code	Subject	Previous Reporting Year	Current Reporting Year
A	Accommodation, including laundry, clothing, ablutions	14	36
B	Discipline including adjudications, incentives schemes, sanctions	17	10
C	Equality	2	0
D	Purposeful activity including education, work, training, library, regime, time out of cell	25	32
E1	Letters, visits, phones, public protection restrictions	60	49
E2	Finance including pay, private monies, spends	16	13
F	Food and kitchens	16	3
G	Health including physical, mental, social care	61	32
H1	Property within this establishment	39	22
H2	Property during transfer or in another establishment or location	65	38
H3	Canteen, facility list, catalogues	24	23
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	37	23
J	Staff prisoner concerns including bullying	59	61
K	Transfers	17	7
L	Other	50	40
M	No Action	7	-
	Total	**509**	**389**

Annex A

Service providers

- Maintenance: Gov Facility Services Limited (GFSL)
- Healthcare: Practice Plus Group
- Substance Abuse: Phoenix Futures
- Education: Milton Keynes College

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Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk