



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

**For reporting year
1 January 2025 to 31 December 2025**

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Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Key points	5
 Evidence sections 4 – 7	
4. Safety	15
5. Fair and humane treatment	25
6. Health and wellbeing	33
7. Progression and resettlement	39
 The work of the IMB	
Board statistics	43
Applications to the IMB	43
 Annex A	
Service providers	44

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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 establishment¹

HMP Isle of Wight is a category B training prison for men and is part of the long-term high-security estate group (LTHSE). It predominantly holds prisoners serving long-term sentences for sexual offences (PCoSO) and provides a small remand unit serving the Isle of Wight Crown and magistrates' courts. The establishment comprises two sites, Albany and Parkhurst, both with separate perimeter walls. Parkhurst dates to the 1830s and Albany opened in 1967, on the site of a former military barracks. There is a single separation and reintegration unit (SARU), located in Parkhurst. (The SARU is used to temporarily separate prisoners whose behaviour poses a risk to safety or good order. It provides close supervision and structured support, with the aim of stabilising behaviour and supporting the prisoner's safe reintegration back into the main prison population as soon as possible.) Both sites have their own healthcare centres but share an in-patient health care unit (IHU), located in Albany.

The operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) was 968 (Albany, 613; Parkhurst, 355) at the end of the reporting year. The actual number of prisoners at the establishment was 945 (Albany, 600; Parkhurst, 345). This is a reduction from 1,101 prisoners during 2024, because of a houseblock closure in Parkhurst to upgrade fire safety systems. This is intended to be a rolling programme of works and, once completed, operational capacity will return to pre-closure levels.

Wider pressures across the prison estate have led to a significant change in the historic prison population, with more category C prisoners than category B in recent years. During 2023, Albany was turned into a dedicated environment more suited to category C prisoners (those who cannot be trusted in open conditions but are considered unlikely to try to escape) to accommodate this population change, but it was not ideal. However, a strategic decision was made in 2024 to transition back to a category B environment (for prisoners who do not require the highest security but for whom escape must be made very difficult) during 2025, with category C prisoners being transferred and replaced by category B prisoners. This transition has been a slower process than was anticipated. At the year end, the population comprised 446 category B prisoners (47.2%), 473 category C prisoners (50.1%), 11 category D prisoners (1.2%) - those who can be reasonably trusted not to escape and are held in open prisons - and 15 prisoners on remand (1.5%) - those who are being held in custody while waiting for their trial or sentencing. This ongoing and slow transition has been challenging for the prison, as it has been difficult to move away from the dedicated category site models and launch a new category B model without the influx of category B prisoners that had been envisaged.

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

Background

Last year's report recorded that the percentage of inexperienced staff (staff with less than two years' service) was high, standing at 22-23%. The Board observed that this had impacted on confident officer de-escalation during a period of rising assaults on staff and prisoner-on-prisoner assaults. As is to be expected, the number of officers with less than two years' service gradually declined throughout the second half of 2025 and by the year end stood at 11.7%.

To help boost performance, increase supervision and the support of frontline staff, the Governor introduced a new staffing profile, which increased the number of senior officers (SOs) from 12 to 30, with a smaller increase of custodial managers (CMs). In the main, this involved experienced officers at the lower grades acting up to guide and train staff on the wings. In parallel, a monthly officer training day was established. This effectively reduced the frontline operational band 3 officers by around 14%.

In recent years, the number of frontline staff exceeded target, creating a buffer against extenuating circumstances. During 2025, high natural wastage, transfers to other establishments and a firm performance management/conduct process have combined to eradicate the buffer and staff have reduced by 37, leaving the band 3 operational function seriously understaffed. This had been foreseen by the senior management team (SMT) as early as March. But, despite being in a budgetary staffing underspend, we understand that they were prevented from (technically) over recruiting to band 3. This has created staffing pressures which *may* have been a contributing factor to staff sickness absence, which has been chronic this year. The Board has observed regular staff absences - on some days between 18-35 operational officers - which, coupled with the existing reduction of band 3 officers, has resulted in a frontline officer deficit of up to 28%.

In consequence, the Board has observed the prison being regularly in an amber/red staffing classification (indicating that staffing levels are under pressure or critically low). This has led to regime disruption (when normal activities cannot be delivered consistently), with wings running a restricted regime and being only partially open. This has resulted in frequent lock up periods for prisoners not in purposeful activity (many legitimately). The management response in limiting the regime aims to maintain safety but, at times, purposeful activity has been impacted, with restricted gym regimes and closure of workshops and gardens. The Board has observed that key management oversight meetings have not taken place due to staffing shortages. At times of extreme pressure, including occasions when emergency hospital escorts have been required while the regime is restricted, some basic prisoner entitlements, such as access to showers, have been restricted. The extent of weekend wing closures and restricted regimes are set out in section 6.6.

In the Board's view, staff shortages have had a negative impact on the quality of prison life and adversely affected all the prisoner outcomes that we monitor (see the evidence sections, 4-7).

The prison became subject to a formal Targeted Improvement Performance plan in September 2025, which required focus and improvement on specific areas.

3.1 Main findings

Safety

- Whilst the sharp increase in violence during 2024 has stabilised, data shows that there has been an increase in the severity of violence during 2025.
- There has been a 28% increase in self-harm incidents.
- There has been a significant reduction of use of force incidents (UoF) in the separation and reintegration unit (SARU) during the year, but a 9.4% increase in all UoF incidents outside of the SARU.
- Whilst the reasons for the high levels of violence continue to be complex, the Board considers the availability of illicit drugs, particularly spice, and consequential prisoner debt are likely to be major contributory factors.
- Operational pressures, likely due to staff absences, have meant that the key management oversight meeting for UoF did not take place for six months.

Fair and humane treatment

- Staffing shortages have been chronic since April onwards and, in consequence, wing regimes have regularly been disrupted by partial closures during the week and closures at weekends. This has adversely affected all aspects of prisoner life.
- The segregation unit has experienced another challenging year and has, again, been regularly full. Management initiatives have resulted in a significant decrease in UoF incidents, but the number of prisoners segregated for more than 42 days (the limit allowed without external authorisation) has increased.
- The Board has been told by segregation managers that pressures, due to staff absences, have meant that the key segregation, monitoring and review group meetings (SMARG) have not been taking place.
- The management of equalities by those with operational duties adversely affects the consistency of provision and support that can be provided. When change is identified as necessary, implementation can be slow, in the Board's view.
- The Board perceives that equality issues continue to have a lower priority than in the recent past, and the number of planned forums and those taking place have been significantly reduced and disrupted.
- We have observed a decline in prisoners' confidence in, and engagement with, equalities.

Health and wellbeing

- From our observations, the provision of physical healthcare has been very good. The provision of monthly wing drop-in clinics has been impactful for prisoner health.
- The challenges for the IHU of being full for most of the year, often supporting patients with complex needs, including mental ill health, appear to have been met, although the Board notes that two serious assaults against staff occurred this year.
- The introduction of weekly multi-disciplinary IHU meetings, instituted by the complex health lead and attended by a psychiatrist, governor and the prisoner concerned, has helped ensure that pathways are clinically led, operationally

realistic and regularly monitored. Association for all prisoners and access to activity opportunities have much improved, in the Board's view.

- Mental health provision remains stretched at times of peak demand, with an ongoing reliance on agency staff. But the Board has observed some good interactions by mental health nurses with prisoners outside of their cells.
- The Board remains concerned about substance misuse among prisoners, given its continuing role in driving the illicit economy and associated debt, which we believe contributes to violence. Staffing absences and vacancies within the substance misuse team may also have affected the service's ability to meet demand, particularly for group-based activities.
- Delays in dealing with social care applications have increased and the periods of delay are significantly longer than last year.

Progression and resettlement

- From the Board's observations, the education department offers a good variety of education courses and classes are supportive and engaging.
- As a training prison, by definition, good-quality skills training should be provided; however, so few of the vocational courses are nationally accredited that a qualitative assessment is difficult.
- Attendance at work appears to have been severely disrupted by the LTHSE requirement to reassess all workplace risk assessments, which required input by several departments over many months. Many prisoners were unable to work whilst this was ongoing and, for many, the assessment resulted in delays whilst placements were found/created which matched their risk profile.
- Severe staff shortages within the probation department remain ongoing. Staff caseloads are not sustainable, which adversely affects prisoners.
- There is a high percentage of prisoners (62%) not allocated to any accredited programmes, with waiting lists that will, most likely, not be reduced on current budget allocations.

3.2 Main areas for development

TO THE MINISTER

- Transfers to secure hospital facilities are still taking much longer than the 28-day transfer target. We have raised this in previous reports. When and how can this situation be rectified?
- We regularly observe situations where the lack of Governor autonomy in relation to staff recruitment and budget spend adversely affects the running of the establishment and prisoner outcomes. What concrete steps are being taken to increase Governors' autonomy in these key areas, and to what timetable?

TO THE PRISON SERVICE

- Why is an experienced Governor, with a staffing underspend, unable to recruit staff to prevent a foreseeable staffing shortage that has adversely affected both prisoners and staff?
- The situation with the gate security enhancement has not been rectified and yet is an obvious potential source of drug ingress. Ongoing failure to reduce the means for ingress of drugs to the establishment is likely to lead to a drug-

related fatality in the Board’s view. What action will be taken to fund this security enhancement, and by when?

- Infrastructure issues involving the hydraulic gates, workshops, roofs and cameras in parts of the establishment are extreme and require a disproportionate amount of Governor time to manage. What capital investment will be provided to resolve these issues, and what timeline has been set for delivery?
- The current provision of programmes does not appear to be meeting the rehabilitation and resettlement needs of prisoners. Given the prison’s PCoSO status, how is it considered acceptable that the budget allows for only three prisoners per year to undertake the Healthy Sex Programme, and what action will be taken to address this shortfall?
- What progress has been made on the repair and reinstatement of the central laundry, which was escalated by the Board in 2024? Restoring this facility would create valuable employment for a significant number of prisoners and alleviate problems and frustrations with the wing facilities.

TO THE GOVERNOR

- What changes can be made to give equalities a more impactful and reliable profile within the establishment?
- What changes can be made to bring staff sickness and unauthorised absence below levels where prisoner quality of life will not be adversely affected?
- What initiatives can be created to establish more accredited vocational courses and attract and retain more tutors?
- What steps can be put in place to ensure that key management oversight meetings, such as SMARG and use of force are taking place?

3.3 Response to the previous report

Issue raised	Response given	Progress
To the Minister	September 2025	
1. Can the Minister work with the Minister for Health and Social Care to provide sufficient beds in secure hospital facilities to ensure that the increasing number of mentally ill prisoners in the prison estate can be transferred to an appropriate care setting within the 28-day transfer target.	1. It was recognised that it is vital to transfer prisoners with serious mental health conditions as swiftly as possible. The Mental Health Bill introduced in November 2024 establishes a statutory 28-day time limit for transferring such prisoners for treatment. The Bill has now completed the Committee stage in the House of commons and work is ongoing to prepare for implementation 18-24 months after Royal Assent. In addition to strengthening oversight and	

	<p>accountability, the Mental Health and Justice Strategic Advisory Group has been established to improve data monitoring, address barriers to transfer and support delivery of the 28-day time limit.</p>	
To the Prison Service	September 2025	
<p>1. Will the Prison Service urgently prioritise funds for the installation of enhanced security gates at both sites, in line with the security arrangements at other LTHSE establishments,</p>	<p>1. The Board's concerns about illicit items and the importance of aligning gate security with national standards was understood. An assurance was given that these factors will be considered in assessing future investment.</p>	<p>1. Gate security has not yet been enhanced in line with that at other LTHSE establishments.</p>
<p>2. The national initiatives introduced to address the chronic staffing shortages of qualified probation staff have made no difference to HMP Isle of Wight. Are there any bespoke measures that can be introduced to reduce the unsustainable workload of probation staff at this prison and reduce the adverse impact on prisoners.</p>	<p>2. Between 2021 and 2024, 4,582 trainees were recruited nationally, many of whom are now qualified and in post. In 2024-2025, the target of 1,000 trainees was exceeded and a commitment has been made to 1,300 in 2025-2026. Overall probation staffing increased by 610 FTE in 2024-2025. The challenge at HMP Isle of Wight was recognised and it was noted that the prison had loaned POM staff under the national emergency delivery model. Longer-term solutions continue to be pursued by HMPPS through a dedicated recruitment and retention strategy and is developing a new overarching strategy this year.</p>	
<p>3. Funding is needed to repair the workshops and waiting facilities for family visits and can funding be prioritised?</p>	<p>3. Concerns were noted but there are no formal approvals for capital works at this stage. Ministry of Justice Property Services is looking at the case for</p>	

	wider investment and considering disused spaces to deliver opportunities for prisoners and better facilities for visitors and staff. In the meantime, Gov Facility Services Ltd (GFSL) has been tasked with providing contingency plans to ensure visits/work can continue if current facilities become unusable.	
To The Governor	Response received on 29 April 2026	
1. What changes can be made to ensure there is a proactive, timely and robust system to identify and assess prisoner social care needs and ensure that prisoners understand they can self-refer?	The DLO [disability liaison officer] officer on HB [houseblock] 17 monitors social care assessment referrals with support from the equality SO [senior officer] and CM [custodial manager]. A monthly meeting with the Isle of Wight Council is in place to monitor prisoners under care plans. Guidance will be drafted and placed on all residential units and through safety and equalities newsletters to ensure that prisoners are aware of how to self-refer.	
2. Given the older prisoner demographic, could funds be allocated to enable the charity Age UK to attend on site and continue its valuable work in relation to prisoner welfare and dementia?	The new-in-post head of safety and equality has taken responsibility of equality at HMP IoW. Age UK will be contacted to explore what support is available and at what cost.	
3. All positive drug test results are forwarded by security to the substance misuse treatment team so that support can be provided. Could a similar centralised approach be adopted so that the inclusion team is notified	Any drug/alcohol-related intelligence will be considered as part of the 'intel' triage process. SMS referrals form part of the daily Monday to Friday meetings. MDT [mandatory drug testing] teams also submit referrals following	

<p>when a prisoner is under the influence or alcohol is found in their cell?</p>	<p>any positive MDT results. UTI [under the influence] referrals, again, are captured by way of IR [incident report] triage process, ensuring dissemination of this information. Primary healthcare also attends UTI incidents, which further supports the sharing of this information with SMS partners.</p>	
<p>4. Given the barriers to family social visits caused by the prisons location, can the Governor maximise social video call opportunities by ensuring that monitors are available in each wing in Parkhurst. Also, could a review of any unmet needs and available technologies be undertaken, with a view to increasing the number of daily and weekend social video slots available.</p>	<p>We actively encourage and support prisoners and their families to maintain contact through social visits and video calls, recognising the vital role this plays in rehabilitation and wellbeing. The Barnardo's team is a valuable partner in this process, providing essential support to families and helping us deliver a positive visiting experience.</p> <p>The Governor holds regular meetings with the Barnardo's head and the head of rehabilitation and reducing offending to review provision and address any issues or concerns promptly. This collaborative approach ensures that any emerging needs are managed effectively and without delay.</p> <p>The prison will continue to monitor this closely and explore opportunities to enhance provision where possible, including reviewing unmet needs and assessing available technologies as part of</p>	

	<p>future planning. At present, houseblocks 23 and 24 share video call monitors. The prison is, however, actively exploring the introduction of an additional monitor so that each wing has dedicated access.</p> <p>Increasing the number of devices will significantly reduce waiting times, improve booking flexibility, and help to ensure that those who struggle with travel, because of distance, have reliable and timely means of maintaining family contact.</p> <p>Alongside this, the prison will undertake a review to identify any unmet demand for video calls and assess what technological or operational improvements could help increase the number of daily and weekend video call slots available. This will include looking at current usage levels, identifying any groups who may be missing out and exploring how scheduling could be expanded or adapted to meet need more effectively, expanded or adapted to meet need more effectively.</p>	
<p>5. Can appropriate equipment/instruction materials be immediately installed in the IHU so that translation services are available for prisoners located there and for prisoners who arrive outside of core hours when initial health</p>	<p>The Big Word is available for use on all staff phones. The head of safety and equality will ensure that clear guidance is shared with the IHU [inpatient healthcare unit] and reception staff to ensure they understand how and when to access.</p>	

<p>screening takes place in the unit?</p>		
<p>6. When prisoners in SARU fail the algorithm and are transferred to IHU, either for observation or for anticipated transfer to a secure hospital facility, what therapeutic engagement with the mental health team is provided for under the contract with Practice Plus Group?</p>	<p>When a prisoner does not meet the SARU mental health algorithm, the psychiatrist is informed and decides on whether they should transfer to the IHU. IHU staff, including the complex care lead, CM and IHU Governor are notified and, if a bed is available, the prisoner is admitted promptly.</p> <p>A mental health nurse reviews them as soon as possible and an IHU-specific care plan is added to System One, alongside any existing plans. A one-page plan is completed and shared with relevant staff and the psychiatrist discusses the immediate clinical approach, including medication.</p> <p>Nurses visit at least three times a week and more, if needed, to assess mental state, medication adherence, hygiene, diet, sleep risk and activity engagement, noting if the prisoner declines to participate. Reviews also depend on prison risk assessments, including unlock protocols. Nursing staff and officers provide handovers before each review, and medication issues are communicated between IHU and mental health nurses. The case is discussed in the Monday MDT and the psychiatrist attends the IHU on Tuesdays for reviews and</p>	

	<p>to determine whether external referral is required. The IHU and prison nurses are kept updated on the plan. When the prisoner stabilises, a discharge plan is agreed and communicated and the care coordinator follows up after discharge.</p>	
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Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

All arrivals and departures to and from HMP Isle of Wight are processed in a common reception area, which also includes prisoners on remand from the local Isle of Wight courts. Reception is located on the Albany site.

Throughout the reporting year, the prison has seen a continuation of the trend shown in 2024, i.e. that of a limitation in prisoner movements over the period due the general level of prison population throughout the country; however, the remand wing has continued to remain busy during the year.

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

The arrival process during normal core hours has been regularly observed as efficient and well managed. Reception staff are welcoming, providing a great deal of reassurance to prisoners. Board members have frequently spoken with incoming prisoners, many of whom have confirmed that they feel safe and secure. Initial health screening is carried out at this stage, with additional support provided by the presence of prisoner Listeners (who are trained by the Samaritans to offer confidential emotional support to other prisoners) or mentors (trained prisoners who offer guidance reassurance and practical help to other prisoners).

Peer support for the transition into a new unfamiliar prison is particularly well covered and valuable at this stage.

The use of verbal translation facilities in reception has improved compared with previous years, following the introduction of The Big Word, a proprietary translation service widely used across the Ministry of Justice (MoJ). While the Board has observed that this tool is regularly and effectively used in reception, its use elsewhere in the prison has at times proved more problematic.

As noted elsewhere in the report, HMP Isle of Wight has the highest use of social video calls in the prison estate. During the year, an alternative digital tool, closely associated with social video call equipment, was trialled as part of a pilot scheme. It was less costly to use but was suitable only for informal purposes and not for more formal interactions, such as legal, healthcare or probation meetings. The alternative tool experienced a number of technical issues locally, and we understand that a subsequent decision was taken at national level to discontinue its use.

Written materials are now also available in a range of languages, for use in reception and subsequent transition to the main prison.

Conditions can be more challenging for staff when prisoners arrive late, i.e. between the end of core hours at 5pm and reception closing at 7pm.

HMP Isle of Wight experiences unique challenges arising from its reliance on ferry services, which are subject to timetables and regular disruption, often due to weather conditions. Delays to services, and therefore to prisoner arrivals, can result in

reception processes being rushed or, in some cases, partially deferred until the following day.

Where arrivals take place late in the day, prisoners are provided with essential items for their first night, and an initial health screening is carried out by nurses in the inpatient healthcare unit (IHU). While such disruptions are unavoidable, they can have a significant impact on some of the more vulnerable prisoners. The prison is aware of these challenges, and the Board recognises that reception staff will often go the extra mile to support and mitigate the impact on prisoners in these circumstances.

Following initial processing in reception and before moving to regular longer-term locations, prisoners spend a minimum of two weeks in a dedicated induction wing (houseblock 11). The induction process provides prisoners with seminars and accompanying written materials detailing the structure and layout of the prison, along with any information about processes and support specific to HMP Isle of Wight. The induction process should address the problems and concerns of those arriving in prison for the first time.

Induction seminars are provided to prisoners with support from information, advice and guidance (IAG) mentors, who play a key and leading role, again with an acute awareness of the concerns of first-time attendees.

In terms of language translation, written materials are now available in a range of languages, although it is recognised that such materials cannot be fully exhaustive. Limited language translation support is also available from other prisoners; however, once the prisoner is subsequently deployed on the wings, the level of day-to-day support can be inconsistent and, at times, limited. This can result in an increased risk of isolation for some prisoners. The prison is aware of these risks, and levels of isolation are regularly reviewed at the weekly safety intervention meetings (SIMs).

Generally, the induction period should be between two and four weeks, by which time new entrants are ready to be accommodated elsewhere in the prison. However, the timely transition of prisoners out of the induction wing is regularly impacted by limited available space elsewhere in the establishment.

Although busy during the year, the nature of the Isle of Wight prison population (being largely made up of long-term, sentenced prisoners with relatively few remand receptions) means that there are rarely more than one or two new remand arrivals per day. As a result, induction into remand is often limited to a one-to-one meeting between each incoming prisoner and a wing officer, usually on the day after arrival. Generally, remand prisoners appear to be satisfied with this less formal and more personal approach.

On occasions when the remand wing is at full capacity, houseblock 15, which is physically adjacent to the remand wing, is used to accommodate any overflow. From our observations, considerable care is taken to minimise contact between the more vulnerable remand prisoners and the core HMP Isle of Wight prisoner population.

Members of the Board have regularly spoken to prisoners during the induction process, as well as to those who have already completed it, and have received positive feedback about how well the process prepares and supports prisoners for living within the prison environment.

Staffing shortages have created issues and frustrations for the induction wing, as there have been periods when groups of new prisoners have arrived but no induction officers have been detailed for over a week, due to staff absence. The Board has also regularly observed a chronic lack of cleaning materials and basic supplies for incoming prisoners, which is exacerbated by the turnover of individuals compared with other wings. This has created pressure for officers, who spend a disproportionate amount of time sourcing basics from other wings, and this detracts from their core duties. The Board has observed that this has created frustration and stress for officers.

4.2 Suicide and self-harm, deaths in custody

During 2025, there were 1,068 self-harm incidents, 154 more than in 2024 (an increase of 17%). These incidents were in relation to 119 prisoners, which is approximately 12% of the total population.

At the end of 2025, six prisoners formally classified as chronic prolific (self) harmers.

Across the two sites of Albany and Parkhurst, 966 recorded incidents were related to category B prisoners, with the remaining 102 incidents involving category C, category D and remand individuals.

Incidents of self-harm in 2025 were not equally distributed across the prison: 578 were in Albany and 490 were in Parkhurst. This equates to 54% of incidents recorded on the Albany site and 46% of incidents recorded in the Parkhurst population. However, with a total population at the year end of 600 prisoners in Albany and 345 prisoners in Parkhurst, the above distribution figures may appear a little misleading.

The key factor influencing the distribution of self-harm incidents across the prison is categorisation rather than site. It was recorded that 90% of incidents involved category B prisoners, providing clear evidence that vulnerability to self-harm is more prevalent within the category B population.

The top five identifiable triggers for self-harm in 2025 were recorded as personal needs, location, mental health issues, adjudications (disciplinary hearings held when a prisoner is alleged to have broken prison rules) and relationships.

Personal needs can cover a broad set of issues, including property, vapes, money and prison life in general. It should also be noted that location issues can cover a range of concerns, such as the island location, remoteness from home, wing location, site location (Albany or Parkhurst), cell sharing problems or limitations in time out of cell. Relationships can include issues with other prisoners or, on occasion, prison staff.

Triggers across both sites are very similar, although, as noted above, the key factor in terms of distribution for 2025 has been categorisation.

From statistics provided at the October safety intervention meeting (SIM), covering July to September, the Board noted a significant increase in self-harm incidents across both sites. This rise coincided with the period during which risk assessments were being reviewed in accordance with LTHSE requirements, resulting in long periods of lock-up for many prisoners whilst the process was ongoing (see 6.6).

Over 2025, there were 306 assessments, care in custody and teamwork (ACCT) plans opened in total. This is a safeguarding process used to monitor and support prisoners identified as at risk of suicide or self-harm. There were 134 ACCTs on the Parkhurst site and 172 on the Albany site; plus, a further 14 prisoners transferred in on open ACCTs.

It may appear that the number of ACCTs opened on each site does not closely align with the overall distribution of self-harm incidents. This is partly explained by the fact that reception and induction for both prisons are located on the Albany site, which results in a disproportionately higher number of 'first night' and early ACCTs being initiated there.

On completion of the induction period, category B prisoners, subject to space, are generally moved, along with their ACCTs, to the Parkhurst site.

Throughout the year, the Board's ongoing oversight of ACCTs, both those in progress and those post-closure, suggests that their distribution broadly reflects the pattern of self-harm incidents, with the majority occurring within the category B population.

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

The Board regularly monitored ACCT reviews and the status of ACCT documents on the wings, checking for their level of completion. We have noted an improved discipline in the execution of the ACCT process, along with the level of completion, over the period, often as a result of regular monitoring by prison management staff.

The role and availability of prisoner mentors, Listeners and key workers are also important in managing and minimising instances of self-harm. In the Board's view, Listeners make a valuable contribution, which is regularly offered and taken up by prisoners.

In 2025, 51 constant supervisions were put in place, of varying durations.

In the Albany site, a regular constant supervision cell is located in the remand wing. There have been a number of complaints from remand prisoners that this has resulted in problems in terms of noise and, in the past, has led to disruption on the wing. The Board has raised whether the location of this cell within remand is appropriate for prisoners who have committed sexual offences.

There were seven deaths in custody in the reporting year. Six deaths appear to have been due to natural causes, with one appearing to be self-inflicted. Two of the six deaths attributed to natural causes raised concerns relating to issues of self-isolation or self-neglect.

In relation to these seven deaths, one final Prisons and Probation (PPO) report has been issued, which identified no concerns, and two further initial PPO reports have been completed. Work on the remaining four PPO reports is ongoing. All seven deaths are awaiting Coroners' inquests.

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

- Inconsistent risk assessments when moving prisoners under escort may result in the excessive use of mechanical restraints. Reflecting findings from previous PPO reports, the Board continues to raise this concern regularly with prison management. We view this primarily as a training issue, as the process should involve proper consideration of each prisoner's individual risk factors, including medical conditions, to enable Governors to make informed decisions about escape risk and the appropriate level of restraint for any moves. While some tangible progress has been made over the year, more work is required.
- Susceptibility to self-isolation and self-neglect. This is now a standing item reviewed at all weekly SIMs, with increase healthcare oversight for those assessed as being in the most serious categories of isolation.
- The quality of the transfer of information between the prison and hospital environment.
- Family Support, particularly in the period leading up to, and following, end of life. The key role of the family liaison and death-in-custody lead officer has resulted in continued progress and improved continuity in this area.

The role of the family liaison and death in custody lead officer has continued to ensure consistent and joined-up management of the prison family liaison process. This is supported through close working with all related parties, including hospitals, the police, the coroner and prisoners' families, both in the lead up to and after the end-of-life event. Overall, this remains an important and impactful role in management and support during difficult times for all involved parties.

4.3 Violence and violence reduction, self-isolation

There were 264 violent incidents recorded in 2025 - an increase of 3% from the figure of 256 for 2024. While this remains an upward trend, the change is relatively modest compared with 2024, which saw a 34% increase on 2023. With the prison population essentially unchanged from 2024, this smaller rise is seen as encouraging, as it suggests a move away from the notable increases seen in previous years.

However, the Board remains concerned that, while overall levels have stabilised, the violence used appears to be increasing in severity, with more serious assaults and consequential injuries being recorded.

Some of the more serious incidents included assaults on multiple staff involving the use of an improvised weapon, as well as a number of incidents resulting in significant injuries. These included injuries to the face, eye and jaw, arising from punching, a head injury caused by being struck with a metal bracket, and incidents involving the throwing of hot water and an unidentified liquid that caused injury to the eyes.

The increased occurrence of more serious incidents has resulted in an increase in emphasis and the strict management of challenge, support and intervention plans (CSIPs), which are used to support and manage prisoners who pose an increased risk of violence.

In summary:

- There were 114 assaults on staff, a decrease of nine incidents (7%) compared with 2024.
- Of these, 20 occurred in the separation and reintegration unit (SARU), representing a decrease of 29 incidents (59%) compared with 2024.

There were 151 were prisoner-on-prisoner violent incidents, an increase of 18 incidents (13.5%) compared with 2024. The Board's regular observations indicate that violent incidents tend to be focused on four or five more problematic wings, which are mainly, although not exclusively, on the Parkhurst site.

A number of factors appear to have contributed to the increased seriousness observed over the year, particularly in relation to prisoner-on-prisoner assaults. These include the availability and use of drugs, which can lead to increased levels of debt and associated tensions between prisoners. In relation to assaults on staff, contributing factors can include the management of more acute mental health needs - 74% of serious incidents across the prison involved complex prisoners, often with additional factors such as a significant history of violence in custody. More limited availability of work, resulting in increased time spent locked up, may also contribute to heightened frustration.

Such problems may be further exacerbated by staff shortages at critical times, which again can result in increased lock-up times. In addition, a shortage of available staff with the skills and experience to defuse situations when and where necessary can further impact on the available time to train and mentor incoming staff with the necessary confidence and core skills for the role.

Another factor can be the inherent problems in terms of the behaviour and unpredictability of prisoners whilst under the influence (UTI). A protocol involving 24-hour lock-up for any prisoners found to be UTI appears to have been effective, as it reduces contact with both staff and other prisoners, and allows time for a physical and mental cooling-off period before returning to a standard, albeit restricted, regime. As a safeguarding measure, prisoners under UTI lock-up are initially assessed by healthcare staff and are regularly observed during that time.

Increased drug availability can be a leading factor towards the increase in prisoner-on-prisoner violence, especially as debts build up and go unpaid. The Board's regular monitoring of SARU good order and discipline reviews, ACCT reviews and adjudications (disciplinary hearings held when a prisoner is alleged to have broken prison rules) has given us an insight into these issues and the pressure felt by prisoners under such circumstances.

From our observations, wing staff and key workers have continued to support prisoners with debt issues, although prisoners are often not very forthcoming in this respect.

Violent incidents were not equally distributed across the prison: of the 114 assaults on staff, the distribution across the sites was 44 in Albany and 70 in Parkhurst, again indicating that staff-related incidents are more prevalent in the category B community.

One-page plans, prisoner location management, security and ACCT assurance monitoring are all processes that have been managed throughout the year. Since the middle of the year, the Board has observed an increased emphasis on the use and strict management of the CSIP process, itself a tool to address and minimise violence; each CSIP is subject to robust weekly reviews, ensuring clear actions and ownership of these plans by the allocated staff managers. Training has been given to new members of staff about the importance of the CSIP process.

Weekly safety intervention meetings (SIMs) and monthly safety reviews (SRs) are important mechanisms for the regular review and management of these processes on an individual basis.

The SIM closely monitors acts of self-harm, ACCT reviews and management of the ACCT processes, incidents and investigations of violent incidents; often leading to CSIP referrals and CSIP management. Also under close review are triggers for, and the identification of, prisoners undergoing social-isolation, enabling one-to-one support to be given as necessary.

The Board regularly observed SIMs throughout the year, with all minutes and action plans circulated in advance. In our view, the detail and robustness of reviews, along with the level of accountability for responsible staff, has continued to improve over the year.

4.4 Use of force

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

The data indicates an overall increase in Use of Force (UoF) incidents across the prison of 2.5% between 2024 and 2025, alongside a reduction of 6.6% in incidents within the SARU.

By way of further comparison, UoF incidents outside the SARU increased by 9.4% over the same period, with a corresponding reduction in UoF incidents within the SARU.

The data does represent an increase in incidents across the whole prison over the year; however, it also demonstrates a marked move away from the trend of the previous year, i.e. that of an increase of all incidents across the whole prison of 110%, as well as an increase of incidents in the SARU of 318% from 2023 to 2024.

When considering recorded figures, it is important to note that, due to its limited size - a maximum of 24 cells - the SARU data can, at times, be influenced by the presence of a small number of prisoners who require regular, specific unlock protocols.

These figures show some correlation with the recorded violent incident data (see section 4.3), namely a modest increase in incidents across the prison as a whole, alongside a significant reduction in incidents within the SARU.

There are two particularly important oversight meetings related to UoF and good order in the prison.

- The monthly Use of Force (UoF) committee meeting reviews all UoF incidents and captures a wide range of statistics relating to each incident, with the aim of improving processes through tracking and learning from experience.
- The quarterly segregation monitoring and review group (SMARG) meetings are focused on capturing and learning from issues arising within, and associated with, the segregation process.

Unfortunately, these key oversight meetings have not taken place during the period, which the Board understands has been due to operational pressures, as reflected by the absence of figures detailed in section 6.6. The most recent SMARG meeting took place in January 2025, covering the previous quarter, and no UoF meetings were held between June and November.

The Board is regularly informed in advance of planned UoF procedures, and a member will observe wherever practical. The majority observed were handled well using negotiation techniques with the prisoner beforehand, with clear explanations of where they were being moved to and why. This usually resulted in the prisoner's cooperation without any force required, other than to guide them through the move for the safety of all concerned. The Board regularly observed post-UoF briefings.

Due to the urgency of the situation, it can be less practical to attend pre-UoF briefings. However, throughout the procedure, the lead officer carries out a continual commentary with the prisoner, explaining what is going to happen and why. From our observations, these conversations are beneficial and can often lead to a defusing of the situation, with a consequential reduction in risk of injury or harm to all involved.

The filming of both planned and unplanned Use of Force (UoF) incidents using body-worn video cameras has improved significantly over the period and is now standard practice. The regularity of filming more general interactions with prisoners has also increased over the year.

Healthcare staff are key attendees at pre-planned UoF procedures. The role of the healthcare member is to monitor the process and assess any physical injuries or outcomes as a consequence, both for the prisoner and staff involved. Healthcare staff also attend the prisoner after any unplanned UoF.

A further regular issue in terms of pre-planned moves can be that of mental health, either mentally unwell prisoners awaiting transfer to secure hospital units or prisoners becoming anxious, distressed and resisting cell moves for other more personal reasons. These issues may trigger the need for UoF, solely due to a lack of cooperation and aggression on the part of the prisoner. In these situations, officers are often in full personal protective equipment (PPE).

In the Board's view, UoF procedures can be quite robust. Whilst the impact on the mental health and wellbeing of both prisoners and staff should not be underestimated, the incidents observed by the Board have been fair and proportionate.

As noted above, there has been an increase in responsive-type incidents across the prison compared with 2024. This reflects a similar increase in prisoner-on-prisoner violence over the year.

The timeliness of the completion and submission of Use of Force (UoF) reports (within 72 hours) appears to have improved over the year, largely as a result of more robust and regular monitoring.

4.5 Preventing illicit items

In relation to mandatory drug testing (MDT), 603 random tests were carried out over the year, resulting in 129 positive findings. In addition, 137 suspicion-led tests were conducted, with 83 returning positive results. Overall, this represents a slight reduction in both the volume of testing and the number of positive results compared with 2024. All positive cases were reported to the inclusion team.

However, as noted in section 4.3, the introduction of the 24-hour lock-up protocol for prisoners found to be under the influence (UTI) has helped to reduce their impact on other prisoners and on the daily regime.

Despite the screening of mail, visitors and arriving prisoners and staff, the presence of illicit items within the prison remains a major issue. From the Board's observations, this year has seen a continued increase in the distribution and use of illicit substances throughout the prison.

Root causes continue to be an increase in the ingress of such materials into the prison by various routes and means (see above). Also, some suspected manipulation and use of materials held and used within the prison, such as cleaning products, leading to the brewing of various intoxicating substances. Another regular route is that of secreting, building up 'stock' and then selling-on prescribed medications.

Over the reporting year, 269 cell searches were conducted, of which 29 resulted in the discovery of illicit drugs and four in the discovery of alcohol. This represents a substantial increase in the number of searches compared with 2024, alongside a corresponding increase in the level of illicit items found. Cell searches are intelligence-led, in line with practice across the estate.

There have been 728 searches of prison staff on entry to the prison: 474 in Albany and 254 in Parkhurst.

Over the year, the following significant illicit items were discovered: 100 weapons (or items that could be fashioned into a weapon), 98 instances of illicit drug possession, 22 mobile phones, and 43 fermenting liquids.

The above 'finds' indicate a significant increase compared with the figures for 2024. In the Board's view, this is generally down to increased staff awareness and scrutiny, along with reliable intelligence gathering over the year, as well as a likely increase in the presence of such items during the reporting year.

There has been an increase in drone activity around the prison over the year. Although not directly attributable to an increase in the entry and circulation of illicit substances or mobile phones in the prison, staff are very aware and attuned to this potential method of ingress.

Over the review period, the Board's observations have indicated an increased presence and use of illicit drugs/substances within the prison. It is also reasonable to believe that the above increased level of scrutiny and seizure does not reflect the full extent of the problem and substance movements.

The Board is of the firm opinion that to address the issues of excessive violence, debt and the consequential risks to the health and safety of all prisoners and staff, the prison must rigorously reduce all potential methods/means of ingress of drugs and other illicit items into the establishment.

We also note that the gate systems for entry and exit on both sites have presented a number of problems, often resulting in unreliability and breakdowns affecting both pedestrian and vehicle access. Whilst this does not necessarily present a security issue for the prison, it is a disappointing reflection of the difficulties often encountered in securing funding to address basic infrastructural requirements.

The Board understands that HMP Isle of Wight is one of very few LTHSE prisons that does not have enhanced gate services in place, again an indication of the problems in obtaining funding for important security services.

5. Fair and humane treatment

5.1 Accommodation and food

Accommodation

Accommodation is spread over two sites. Parkhurst dates to the 1830s, with typical infrastructure issues for buildings of that date. Certain parts of the site are prone to flooding and roof vents that are jammed open have been a problem, leading to flooding of several wings during heavy rain. There are 49 double-occupancy cells, which were not designed for multiple occupancy, with in-cell toilets. Prisoners eat their meals in their cells. These ageing facilities compound the challenges prisoners have faced this year with restricted regimes and weekend wing closures (see section 6.6)

Lack of heating and hot water in Parkhurst continued to be a significant issue during the year, due to boiler and plumbing issues. During routine monitoring, prisoners raised concerns with us that during weeks without hot water, one shower per week at the gym was insufficient to maintain personal hygiene, particularly for those working in manual jobs, including waste.

The infrastructure issues, such as hydraulic gates at both sites, CCTV and roofs, are considerable and require oversight by both the Governor and Deputy Governor, which is likely to impact their operational roles.

Albany opened in 1967, on the site of a former military barracks. Apart from the social care houseblock, all cells are single occupancy, without toilets or running water. Communal toilets/showers are used during the day, but at night there is an electronic system of night sanitation where prisoners are allowed to exit their cell, individually, for seven minutes on five occasions.

This system often breaks down, and the engineers were called out 115 times up to 16 December for repairs involving the locking mechanism, CCTV and electrical and mechanical faults. The system cannot be activated during the day for operational reasons. However, the frequency with which wings are placed on restricted regimes due to staffing shortages, combined with periods when the system is broken, has resulted in some elderly prisoners and those with disabilities reporting to the Board that they have resorted to using cell buckets as toilets, as response times for manual unlocks can be slow. Whilst the prison offers portable toilets for prisoners in Albany, many prefer not to have an unscreened toilet in their cell, where they eat their meals, without access to running water.

Many prisoners have raised with the Board the issue of very hot conditions in Albany, which is also due to long standing boiler issues.

In Albany, there has been a regular lack of cleaning materials and basic prisoner supplies which, at times, has been particularly acute in houseblock 11, the reception wing for new prisoners.

Across both sites there is an ongoing issue with wing washer and dryers, which are used for prisoners' personal clothing and regularly break down. This may not appear to be a major issue but the practical impact on prisoners cannot be understated. Damp clothes in small cells can aggravate health conditions, and prisoner frustration about the situation is widespread. The Governor appears to be constrained by

budgetary requirements from resolving the situation by making direct purchases. The central laundry, which would alleviate some of the pressure on wing facilities, has been out of action for many years.

Across both sites, houseblocks are kept clean by prisoners, but this is made more difficult because of the ageing condition of the buildings and flooding issues. From our observations, the prison is generally a clean environment, although there are occasions when prisoners throw rubbish from windows, which accumulates at the back of houseblocks. There has been an increased rise in vermin sightings around the residential areas. The prison undertook a three-day 'big clean' operation across both sites in November, which was successful.

Food

The food budget is £3.80 per prisoner, per day, and whilst prisoners do complain about portion size, we have observed that the quality and variety is adequate. Religious and dietary requirements are accommodated, as are religious festivals.

5.2 Segregation

The separation and reintegration unit (SARU) is in a separate building to the rest of the establishment and comprises 15 regular segregation cells, two dirty protest cells (where a prisoner has chosen to defecate or urinate in a cell without using the facilities provided) and one special accommodation cell (where items of furniture, bedding and sanitation have been removed in the interests of safety).

Due to the number of prisoners being segregated, the upper floor landing, which comprises 13 normal accommodation cells, is routinely used as 'overflow' for segregated prisoners when the ground floor is full. A number of orderlies (currently four; these are trusted prisoners who take on work to provide services that contribute to the running of the prison) reside on the unit to assist with its daily running, which includes cleaning and serving meals.

There were 193 receptions to the unit during 2025, representing 20.42% of the prison population. This figure reflects a number of repeat placements, with one prisoner located on the unit on 13 separate occasions over the course of the year.

The unit experienced a challenging year due to the consistently high volume of segregations, which meant it was full for large parts of the year. The reasons for this are complex. However, the Board observed a significant number of prisoners throughout the year who broke rules, including, for example, by accessing the netting, threatening others or claiming to be under threat, in order to secure access to the unit, and then refusing to leave. Some prisoners reported that this was because they felt safer in the unit or that it was the only way they could distance themselves from the illicit economy on the wings.

Further pressure has been placed on the unit by the regular destruction of cells and cell furniture by prisoners presenting with violent behaviour and, sometimes, mentally unwell prisoners. At times, cell shortages have been exacerbated by the disruption created by dirty protests, which means the prisoner has to have regular cell moves whilst the original cell is bio-cleaned. The installation of stainless-steel fixed furniture, which had been expected this year, should significantly reduce the ability of prisoners to destroy their cells and consequential officer time in dealing with the issue. It will be installed early 2026.

The number of occasions special accommodation was used throughout the year was 11, with the shortest period two hours and 35 minutes and the longest period 21 hours (average eight hours 12 minutes). This is a reduction of five occasions compared with last year. The number of violent incidents in the unit decreased this year (see section 4.4). The unit custodial manager introduced several violence-reduction initiatives, which are likely to have contributed to this reduction, including curtains around the dirty protest cells and mandatory use of shields when interacting with prisoners who have broken their observation panel.

The unit is a challenging environment for staff, who frequently manage prisoners with complex and challenging behaviour. Anti-stab vests were introduced in the unit in October and have been welcomed by staff, although they can become warm to wear after prolonged use.

Unlock protocols and prisoner volume can impact the regime delivery. Whilst the unit is always clean and tidy, prisoners are not always offered a daily shower, in line with HMIP Expectations (criteria for assessing the treatment of, and conditions for, men in prisons). Prisoners are, however, offered a shower every other day, which exceeds the minimum weekly requirement set out in 28 (2) of the Prison Rules. Within segregation, time spent showering, alongside an hour's daily entitlement to exercise is, in addition to hygiene, an important element of diverting activity, which is a protective factor against the well-established negative effects of prolonged isolation on mental health.

The Board has observed that, due to longstanding staffing issues within chaplaincy, daily visits by them to segregated prisoners are not always possible. We have also observed that an appropriately qualified health representative is not always present at the pre-meeting or the actual segregation review board. On some occasions, we have also observed that the representative has left early and/or made no contribution. This is of concern because the number of prisoners received within the unit on an open assessment, care in custody and teamwork (ACCT) plan, a safeguarding process used to monitor and support prisoners identified as at risk of suicide or self-harm, during their stay, has increased this year to 52, with a further 28 prisoners placed on an ACCT during their stay. This is especially concerning, because the anti-ligature cell furniture is still not available.

The Board regularly observes exceptional officer interactions with prisoners, and officers exhibit great skill in creating meaningful relations with prisoners, despite the difficult environment. Staff were regularly observed by Board members displaying patience and professionalism in their work. This often results in beneficial contributions being made by officers at the segregation review board and the ACCT reviews, which appear to be taken very seriously by officers.

The number of prisoners segregated for more than 42 days (the limit allowed without external authorisation) is increasing, but may reflect, in part, the conditions in the wider establishment. During the year, 22 prisoners have been segregated for over 42 days, with six prisoners segregated for over six months and one prisoner for 613 days (ongoing). All the required external Director reviews have been completed and forwarded to the Board, but this situation is of concern because segregation is an extreme and isolating form of custody, which inherently reduces protective factors against suicide and self-harm.

We are also concerned that, despite a full unit, increasing numbers of prisoners on ACCTs and longer periods of segregation, senior management scrutiny of the unit has not been taking place within the segregation monitoring and review group (SMARG) meeting, which should meet quarterly. The most recent meeting was held in January 2025, covering the previous three months of 2024, and the next is not expected until March 2026. This has been attributed to operational pressures. Notwithstanding this, the unit has maintained strong operational effectiveness through the skilled management of an experienced custodial manager.

5.3 Staff and prisoner relationships, key workers

Key worker sessions are essential for establishing and maintaining meaningful prisoner and officer relationships. Prisoners who have a regular point of officer contact are more likely to understand the regime rules and experience encouragement to attend work and/or education and discuss personal issues and sentence progression.

The Board observed frequent problems with key worker sessions during 2024, which have continued this year. We regularly spoke to prisoners in forums, where there was a spread of prisoners from across houseblocks. Between March and July, at most forums around a third of prisoners told members that they were either not receiving regular key worker sessions or did not have a key worker allocated. Houseblock 17 appeared to have the fewest key worker sessions, and data from July showed that only 44% of scheduled sessions had taken place in the previous month. Figures for August were also notably low.

The prison became subject to a Targeted Improvement Plan in September and key worker sessions were identified as a main metric for improvement. The prison was granted permission to concentrate on improving the quality of sessions by targeting one session per month instead of two.

5.4 Equality and diversity

The prison has a considerably older population compared with the national age profile of men in prison. Notably, at the year end, 41% of the prison population was aged 50 and over, compared with just 18% nationally.

It is unsurprising that a proportion of the older population have age-related disabilities (68 prisoners are over 70; nine over 80; and three over 90). The HM Inspectorate of Prison (HMIP) self-report survey data indicates a higher proportion of prisoners identifying as having a disability (44%) compared with the prison's own central and equality data, which ranges between 17% and 34%.

There are ten prisoners who identify as transgender. A snapshot of equality data in March reported 6.4% of prisoners as non-heterosexual

The race and ethnic profile of prisoners is less diverse than that of the male prison population nationally, with 77.1% of prisoners recorded as being white compared with 71% nationally. A snapshot in March reported that 11.2% of the population consisted of foreign national prisoners from 48 different countries.

There are many prisoners, representing 71.5% of the population, reported by the equality team as identifying with around 23 religions.

The prison's head of safer custody and equality lead has oversight of the equality team, which is managed by a custodial manager (CM), with supervising officers (SO's) allocated to each site. Prisoner equality representatives are appointed and attend meetings. There are equality reps on each wing of the prison.

There are monthly management equality meetings, which the Board regularly observes and are often attended by the senior management team (SMT). The Governor or Deputy Governor are frequent and active participants. The group has oversight of any disproportionality for groups with protected characteristics (including race, disability, religion, sex, gender reassignment and sexual orientation) in relation to adjudications, complaints and incentives scheme levels. Discrimination incident reporting forms (DIRFs) are also analysed. Where disproportionality is identified, this is discussed. Often, the numbers are too small to be statistically relevant, or a particular prisoner will be responsible for a significant number of incidents that skew the figures.

However, in the final quarter of the year, Asian prisoners were noticeably over-represented among those on the basic (lowest) level of the incentives scheme. The number of black prisoners continued to be underrepresented at the enhanced (top) level, with their overrepresentation at the basic level showing some decrease. Within the equality meeting, it has been reported that steps have been taken by the equality team to understand the reasons for this disproportionality and a meeting was held to discuss feedback from representatives within minority groups.

The representatives reported a range of prisoner perceptions, including inequitable application of the Incentives Framework Policy (IFP), leading to reduced trust and barriers for some groups, such as older prisoners and prisoners with disabilities, who may find achieving positive conduct entries more difficult through not being in work. Perceptions are not necessarily rooted in factual evidence, but this has led to a management action plan. The prison has requested national support for raising staff cultural awareness and the equality CM will work with the heads of residence to support and ensure a fair and transparent application of the IFP.

Forums and special events for groups with protected characteristics are a key tool for the prison to promote equality of opportunity and foster and promote cultural understanding amongst staff and good relations between groups. They are also popular and valued by prisoners who can meet with others from different wings and bring concerns to management in an environment where they feel secure and valued.

Towards the end of the previous reporting year, some forums were amalgamated, such as older prisoners with buddies, and the transgender forum with the LGBTQ+ forum, because of staff resourcing issues. The duration was also reduced to an hour, as the prison prioritised purposeful activity. The Board has observed that these changes were not generally popular with prisoners.

The staff-resourcing issues faced by the prison this year have had an impact on the number of forums that have taken place. Planning meetings for events, such as Black History Month, have been cancelled at the last moment and forums have been regularly cancelled. The Board has observed prisoner frustration in consequence. Some prisoners have told the Board that they feel ignored. An equality co-ordinator stepped down and the Board has observed some prisoner disengagement. In previous years, the prison made local decisions about the activities that were

prioritised in the event of understaffing. The regime management plan (RMA) is nationally imposed and dictates the order of activities to be stopped. Equality forums are no longer protected, which was previously the case under a local plan.

From our observations, forums and events that have taken place have not always been well organised and fewer were planned than in recent years. The designated officer for disabilities was unable to attend any forums for the first three months of the reporting year due to non-alignment with shift patterns. The meetings for transgender prisoners organised by healthcare every other month were not profiled and so were cancelled when Albany wings were in a restricted regime state due to staff shortages.

Members also observed chaotic arrangements for the faith forum in September, when some wings would not release prisoners despite the correct paperwork; by the time this was resolved, there was insufficient time for prisoners to raise issues of concern. There was lack of planning and promotion for the Appleby fair in July, which should be an opportunity for celebration and promotion of the Gypsy, Roma and Traveller communities but instead was just a social opportunity for prisoners which, whilst enjoyable, was not the aim.

Of the seven forums that should have been held across both sites for black, Asian and minority ethnic prisoners, only four went ahead, with just one in Parkhurst. None of the disability and over 50s forums took place in Parkhurst, with just one held in Albany. Of the four planned LGBTQ+ forums in Albany, only two took place. Just one took place in Parkhurst, although that was all that was planned.

There have been some successes. In January, a prison council was established and all those planned meetings have taken place - 10 in total (although they are not equality forums). The aim is to allow elected prisoners to voice their concerns directly to prison governors and to foster insight, responsibility, innovation and creativity amongst prisoners. The Pride event in Parkhurst in July was successful and the equivalent in Albany in August attracted 60 prisoners and was described by a member of the Board as an amazing event. Despite the planning difficulties, the main Black History Month event appeared to be well organised, with stimulating external speakers.

Last year, our report concluded that equality seemed to be of a lower priority than previously. That observation is unchanged. In the Board's view, whilst there is good oversight of equality from the SMT, the practical promotion of equalities 'on the ground' is being damaged by staffing shortages and the fact that the lead role is operational. This means there are potentially long periods, due to night shifts, followed by rest leave and annual leave, when equalities is not being operationally managed.

5.5 Faith and pastoral support

There are a wide variety of faiths (around 23) supported by the chaplaincy team at HMP Isle of Wight. The duties of the chaplaincy team include daily visits to the in-patient healthcare unit and the segregation unit, as well as seeing new arrivals at the prison and reviewing open ACCTs on a weekly basis. Staffing levels within chaplaincy has become a longstanding issue. The role of managing chaplain has been vacant since February, and the Board notes that not all the daily visiting duties are met. There are vacancies for Anglican, Free Church and Roman Catholic (RC)

chaplains. In April, a vacancy for a visiting RC priest to say Mass was filled, which takes place each Monday on each site.

5.6 Incentives scheme

The Incentives Framework Policy (IFP) is designed to encourage and reward positive behaviour, but in the September/October 2022 HMIP report, there was evidence that oversight of the scheme was insufficient and there were instances of prisoners on enhanced levels behaving badly on wings without any consequence. Prisoners also complained that there were insufficient rewards at the enhanced level. Since then, the prison has been trying to tackle poor behaviour through the IFP, with prisoners losing their enhanced or standard (middle) status when they have behaved badly, but the statistics reveal slow progress.

In 2023 (see 2024 report), the percentage of the population on the basic level was 2.9%. This increased to 5.22% last year and this year stands at 8.2%

In relation to the percentage of prisoners on the standard level, this was 17.4% in 2023, increasing to 18.8% last year and 19.9% this year.

In relation to the percentage of prisoners on the enhanced levels, this was 79.7% in 2023, 76% last year and 71.9% this year.

The challenge for the prison is to ensure that prisoners have confidence in the fair and equitable application of the IFP so that the aim of encouraging positive behaviour is achieved. During the reporting year, the Board received 51 applications (prisoners' written representations to the IMB) in relation to discipline, including the incentives scheme, which represented a 10% increase over last year. The equality section (see 5.4, above) highlights some issues of disproportionality in relation to prisoners from certain ethnic groups on the basic level.

A new IFP has been developed for implementation in 2026 and the Board will be monitoring its application closely.

Discrimination incident reporting forms (DIRFs)

The number of DIRFs received has fallen by 33%, from 197 last year to 132 this year. Whilst this could be because there is a lack of discrimination within the prison, it might also reflect a lack of prisoner confidence in the system. There is no external independent scrutiny of the DIRF process; although the equality team agreed to appoint the Zahid Mubarek Trust to do this in September, the decision has not yet been implemented. Such external scrutiny is not compulsory but is likely to improve prisoner confidence in the process.

Of the 132 DIRF complaints received, seven were upheld, 11 were partially upheld and 48 were not upheld. The remainder of the complaints were rejected for a variety of reasons, including that they did not disclose a protected characteristic or had already been addressed/withdrawn, or the prisoner had left the establishment. Despite the smaller number of complaints, a slightly higher percentage of them were upheld or partially upheld this year.

During May, the Board carried out an audit of DIRFs in relation to timeliness and discovered that whilst most DIRFs were reported as being undertaken within the 14-day timescale, the start date was not counted from receipt but from the appointment of an investigator. This appointment process was sometimes taking up to six weeks,

due to the lead officer being operational, so the data was distorted. This system has since changed and a non-operational member of staff now appoints the investigator.

The Board received several prisoner applications in May who were concerned that their DIRFs had never received a response. Staff subsequently discovered a batch of DIRFs going back three months on a particular houseblock.

5.7 Complaints

The number of complaints fell this year to 2827 (3057 in 2024; and 3037 in 2023.) However, due to a prisoner decant during the last quarter of 2024, prisoner numbers fell this year by around 138, so a reduction in complaints could be expected. The percentage of overdue complaints rose from 11.9% during 2024 (8.8% in 2023) to 14.25% this year.

The Board observed a significant number of overdue E apps, particularly during the first six months of the year. Despite the name, E-apps are a paper-based system designed to answer prisoners' queries before they become complaints. Only if the prisoner perceives the response as unsatisfactory should the formal complaint system be used. A failure to respond to E-apps in a timely fashion will inevitably lead to more complaints. Around 120-140 E-app queries are handled every week across both sites, but in April 130 were overdue and during May there were overdue E-apps dating back to January. Staff shortages may have been a contributory factor.

During August, the Board received a significant number of prisoner applications stating that the prison was failing to respond to formal complaints within the timescale. The Board observed the complaints department over several weeks during August and noted there was a backlog of over 60 complaints not registered and only one member of the team present at times. Delayed complaint handling can be a cause of prisoner frustration.

The top four complaint categories were in relation to residential, property, staff and finance.

The prison commissioned a prisoner survey into its complaints system this year. The results demonstrated that a high percentage of prisoners who replied knew how to make a complaint (89%) and thought the system was easy to understand (82%). However, 48% of prisoners who replied did not feel their complaints were always, or sometimes, answered satisfactorily, and 45% of those who responded did not feel that responses were always, or sometimes, replied to within a reasonable timeframe.

5.8 Adjudications

There were 1,845 adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules) across both sites. Of these, 1260 (68%) were upheld and just 53 (3%) not proceeded with because of process flaws. Serious cases are referred to an independent adjudicator (mandatory drug test failures are commonly referred) and 61 cases were referred with an additional 881 days added to sentence. When the Board has 'dip sampled' adjudications throughout the year, we have observed that the process is fair and consistent, with prisoner rights respected.

6. Health and wellbeing

6.1 Healthcare general

NHS England has overall responsibility for the commissioning of prison healthcare. Practice Plus Group is the lead healthcare provider, but subcontracts some aspects of provision to other companies, including mental health, substance misuse services and dentistry.

The Board observed good governance structures. Healthcare issues are discussed internally each month at a local delivery quality board (LDQB) and minutes are always supplied to the Board on request. Additionally, each quarter, a partnership board is chaired by NHS England. This brings together commissioners of healthcare services, contractors and partners, including the local authority (LA), to discuss quality and performance.

This year, NHS England commissioned a health and social needs assessment to better understand the health needs of the prison population and to assess the extent to which the current need and demand for health and social care were being met. This has been shared with the Board.

6.2 Complaints

In the recent past, timely complaint handling has been impacted by unrealistic time scales and a lack of clerical administrative staff. During 2024, and until the introduction of a new complaints process, 44% of prisoner concerns were not being addressed within the five working day timescale. The new process allows for more generous timescales: ten working days to resolve an initial concern; up to 60 working days to investigate concerns that progress to stage one complaints; and a further 60 working days to resolve stage two complaints, which are handled at a regional level.

Targets were being met after the introduction of this new process during mid-2024. However, during the reporting year, complaints relating to healthcare significantly increased (see 6.3, below, for possible reasons). A total of 318 concerns were received, representing a 59% increase since last year, although 15% were not addressed within the ten-day timescale. Of the 85 stage one complaints, 24 were completed outside of the 60-day timeframe, representing 28%.

The Board has observed prisoner dissatisfaction with the process. Whilst staff sickness may have played a part in relation to delays, we have observed a trend towards prisoners submitting subject access requests (SARs; formal requests made by a prisoner to access personal data held about them) to healthcare, which are incredibly time consuming due to strict redaction requirements. A total of 116 SARs have been received this year, which is a very large volume for any one organisation, and all statutory time limits have been met.

6.3 Physical healthcare

The significantly older prisoner population at HMP Isle of Wight, compared with the national age profile of male prisoners, has a corresponding impact on health needs, as reflected in the data. On average, the healthcare department provided around 750 consultations per week, an increase of 10% over last year. This includes appointments with GPs, dentists, opticians, audiology, etc. In the Board's view, the department has coped well with this increase due to a much-strengthened staffing

position, with some particularly challenging vacancies being filled. The head of healthcare has also funded greater GP provision than the theoretical staffing model due to their understanding of the actual, as opposed to the theoretical, needs and complexities of this ageing population.

The Board has observed, with some concern, the high number of healthcare appointments (3,733) that have not taken place this year because of non-access visits (NAVs). This occurs where officers are unable to collect prisoners for their appointments, often as a result of stretched staffing resources due to unforeseen operational pressures, including bed-watches, constant supervision, or the opening of the control room to manage incidents. While the average non-attendance rate (NAV) for the year was 8.37% and, on the face of it, within acceptable levels, the Board observed weeks when NAVs rose to 15%, 17% and 21%. These peaks largely coincided with periods of higher staff sickness absence. The resulting knock-on effects can be significant for prisoner health, including delays to diagnosis and treatment, increased frustration among prisoners, and a rise in complaints.

The number of prisoners who do not attend their medical appointments (DNAs) is also high, at 1627 this year. Whilst the prison has attempted to institute a log to record the reasons for this, it is generally accepted that until a system is in place where healthcare can make direct prisoner contact about appointments, the current paper-based app system for arranging appointments will continue to be less than ideal.

One of the most impactful healthcare initiatives this year has been the establishment of monthly wing healthcare drop-in sessions, which began in February. BMI, weight checks and blood pressure are monitored and other services signposted. Unidentified conditions, such as weight loss and hypertension, are being identified, and hundreds of prisoners are being seen monthly.

The Board has observed excellent practice for prisoners arriving at the prison in terms of healthcare. The reception nurse undertakes an initial health screen, which may trigger a referral to substance misuse treatment, mental health treatment or one of the other healthcare providers. The soft skills demonstrated are impressive and, in the Board's opinion, likely to encourage prisoner take-up rates for vaccinations.

6.4 Mental health

The overall identification of mental health issues at HMP Isle of Wight is in line with comparator prisons and supports the integrated approach to mental health and substance abuse, which was introduced in 2023. Although mental health is a sub-contracted service, the Board has observed more integration in terms of meetings between the two providers this year, which supports an holistic approach to healthcare.

The mental health caseload at the end of the year was 102, which is significantly less than last year (183). But that is only a snapshot and at the start of the year the caseload was 209 and the midpoint was 159.

The substance misuse caseload at the end of the year was 136 (last year was 144), but at the beginning of the year it was 130, with a midpoint figure of 140.

A high proportion of mental health referrals (69%) are not taken onto the mental health caseload; however, all referrals are triaged and any identified needs are signposted to other appropriate services, such as a GP.

Targets for the mental health team to see prisoners who present a suicide risk, as well as less urgent cases, appear to have been met. Attendance at initial ACCT reviews, and at subsequent reviews where the prisoner is on the mental health caseload, is around 70%. The Board has observed that mental health representatives have not always attended segregation review boards and, on occasion, have missed the pre-meet or arrived late.

As in previous years, staff shortages have remained a significant challenge and, while key vacancies have been covered by agency staff, this has had some limitations in terms of continuity and integration. The full complement of registered mental health nurses is four; however, until the end of the year, this was maintained through three agency staff. There is now one substantive mental health nurse in post, with a further appointment awaiting vetting, which is known to be a lengthy process.

The psychology post, a lead position, has been vacant for two years, which has led to significant gaps in provision. There is a psychology therapist, who is being supported on a two-year course to widen their clinical provision.

However, the appointment of a full-time psychiatrist in January has been very successful and the Board has observed excellent feedback from both prisoners and staff. There are 16 face-to-face psychiatry clinics per month and four online. In addition, the psychiatrist conducts regular rounds at the segregation unit and the in-patient healthcare unit (IHU).

Long-term staff absences due to sickness have exacerbated the impact of vacancies in some teams and have meant that individual substance misuse treatment has been prioritised over group work. Demand for substance misuse treatment among prisoners remains high, and a system is now in place whereby prisoners found to be under the influence on three occasions are managed more closely. A small number of pilot groups focusing on emotional coping skills and anxiety have been co-facilitated, and it is hoped that this work can be expanded next year as staffing levels improve.

In-patient healthcare unit (IHU)

The IHU is located on the Albany site and has 18 dedicated in-patient healthcare beds. Eight are designed for prisoners with physical health need and eight for mental health needs, plus tow bed for those at the end of life. Included within the 18 beds are two constant supervision cells.

The Board has observed that the unit has been full for most of the year, often with prisoners who have highly complex needs. A percentage of prisoners are often on officer-unlock protocols, which creates management pressures and, unfortunately, there have been two serious officer assaults this year. Some prisoners are transferred from the segregation unit to the IHU because they have failed the mandatory health algorithm, which allows for both initial and ongoing segregation. The Board raised that, in these circumstances, prisoners subject to unlock protocols

should have the same access to distraction as those in segregation. This change has now been implemented.

Despite the inherent 'demand' pressures, the Board has observed a significant improvement for prisoners in the unit the reporting year. In our previous report, we raised concerns about the lack of therapeutic engagement from the mental health team, particularly for patients awaiting diagnosis and transfer to secure hospital institutions. The appointment of a full-time psychiatrist in January with a prison background has significantly improved the situation, as whilst not all prisoners are on their caseload they make regular rounds of the unit and attend a weekly meeting instigated by the complex care lead. This meeting includes the complex care lead, the psychiatrist, the safer custody team, a Governor, IHU officers and the prisoner. The Board observes that this is valued by prisoners and means that every prisoner's needs and future pathway are regularly assessed by decision makers.

The Board has observed that more prisoners are being offered association, and that officers are engaging in regular, positive interactions, including with prisoners subject to unlock protocols. Mental health nurses have also been observed joining prisoners during association periods. Improved healthcare staffing levels, with reduced reliance on agency staff, have supported better engagement with prisoners. Weekly prisoner activities, such as quizzes, have also been re-established.

There have been fewer referrals to secure hospital facilities this year. In the previous year, 19 prisoners were assessed, of whom seven were transferred. This year, seven prisoners have been assessed, with an eighth awaiting assessment. Of those assessed, two have been transferred; however, neither transfer took place within the 28-day target period, with transfer times of 76 and 126 days respectively.

Neurodiversity

The Board reported last year that the neurodiversity support manager (NSM) had been successful and impactful in shifting the prison culture towards a greater understanding and management of those with neurodiverse needs, largely through training and working collaboratively. This year, we have observed the NSM attending segregation review boards and some ACCT reviews.

The Board has observed that the neurodiversity support document (NSD), which results in the individual receiving a neurodiversity card, has become embedded and is driving good practice. The card helps to raise awareness and can assist individuals in feeling recognised and supported in relation to their needs. It can also encourage greater understanding from staff and may help prisoners advocate for themselves safely and in a positive and constructive way. We have observed examples of good practice, where Governors conducting adjudications, when made aware of the card, have adjusted their approach to better align with the suggested strategies.

The prison is currently transitioning to a computer-based assessment tool, the Do-IT-Profiler (not a diagnostic tool), which will replace the NSD in 2026, although the neurodiversity card will remain.

6.5 Social care

The prison has a partnership agreement with the local authority, which is responsible for the assessment and delivery of care packages. There are nine social care

packages in place. There have been 86 social care applications this year, a slight increase (three) over last year. However, the number of applications that have been assessed outside the timeframe of 30 days has increased, and 13 have been waiting for over 70 days, which is a significant increase over last year and can create hardship for prisoners awaiting basic mobility aids.

6.6 Time out of cell, regime

Operational staff shortages, arising from the new staffing profile and periods of staff sickness, have had a notable impact on weekend wing closure rates and on occasions when wings have not been fully opened during the week and only a partial regime has been delivered. The establishment's sickness absence rate remains above the tolerance level set by the Ministry of Justice (MoJ), which aligns with the public sector benchmark of nine sickness days per annum. Staffing levels frequently fell within the red/amber categorisation from May through to the end of the year, with November and December proving particularly challenging.

The Board has observed that the environment is less positive when the regime is restricted or closed. The consequence of a partial regime is that for those not in purposeful activity during the week - which can be for a variety of reasons ranging from prisoners who are retired/ill through to those who cannot be found work because of insufficient workshop places - the majority of their day (excluding an hour's exercise/domestics and meal collection) is spent in their cells.

This situation was further compounded for a significant proportion of prisoners affected by the (LTHSE requirement for workplace risk assessments to be reviewed. While over 900 assessments were completed, the involvement of multiple departments - including security, the offender management unit, healthcare and safety - meant that the process progressed slowly. The Board observed that this had a noticeable impact on prisoners between July and October.

For those unable to work until the completion of the risk assessment, this meant long periods locked in their cells, due to a combination of staff shortages and their own incentives level. The Board received many reports from prisoners who were struggling with their mental health whilst awaiting their workplace risk assessment, and section 4.2 records the increased rate of self-harm across both sites during this period. For a significant number of prisoners, the outcome of the assessment was that they were no longer eligible to return to the workshop in which they had previously been employed, as their assessed risk was considered too high. However, the limited availability of higher-risk workshops contributed to an increase in the number of unemployed prisoners.

The Board has observed that the consequences of long periods of time spent locked in cell impacts prisoners in a variety of ways. Frequently, prisoners have told us of the detrimental effects of excessive periods locked up on their mental and emotional wellbeing. Inconsistency in the regime has also been cited as a source of frustration. Unpredictable unlock and lock-up times can contribute to anxiety, and officers have told the Board that an irregular regime can make it more difficult to establish and maintain positive relationships with prisoners. Older prisoners have told us that, in Albany, where most wings do not have in-cell toilets, at times they resort to urinating in buckets when officers are slow to respond to their call bell. The high rates of non-access visits (NVAs – see section 6.3) are linked to staff shortages and can have implications for prisoner health.

Week-end closures particularly restrict opportunities for association with peers, which alleviates boredom and can support wellbeing. From our observations, the prison tries to minimise the impact of week-end closures by closing wings for just part of the day, so that if a wing is closed in the morning it will be open in the afternoon. However, the closures have been much more frequent this year, with 343 closed sessions, representing 11.77% of available open time. This is an increase over last year, when 175 sessions were closed, which represented 5.5% of available time.

This year, wings operated on restricted partial regimes for 44% of available weekday sessions, representing a fourfold increase on the peak periods recorded during August and September 2024. Partial regime levels were broadly similar to last year during the early months, but during June, July, September, October, November and December they accounted for over half of all available sessions, rising to more than three-quarters during August.

The 44% figure does not include the monthly Wednesday wing closure for staff training, which would increase the overall proportion, although this represents a full rather than partial closure. As a result, Wednesday closures have at times followed or preceded partial wing closures. Wing workers, particularly laundry orderlies, have told Board members that this has created additional pressure, with backlogs developing and contributing to increased stress, as well as frustration among prisoners and a rise in complaints.

7. Progression and resettlement

7.1 Education, library

All new prisoners are seen by the education team and offered a rapid screener for their learning difficulties and disabilities (LDD) needs, which can be followed up by an in-depth screener to pin-point neurodiversity needs. The data is used to help plan the prisoner's journey through education and work.

Courses available include English and maths (Entry Levels 1, 2 and 3, plus Levels 1 and 2). IT (Entry Level 3), business studies (Levels 1, 2 and 3, including mentoring at Level 2), painting and decorating (Level 2), art (Levels 1 and 2), plus reading and more.

Education classes observed throughout the year appear supportive to prisoner needs, with helpful input from peer mentors. The department has a calm atmosphere and we saw examples of good relationships between prisoners and tutors. Particularly impressive outcomes with excellent tutor support were noted this year in the Parkhurst painting and decorating class, where both prisoners and tutor spoke with pride about the work they engage with.

The department tries to support prisoners in the segregation and reintegration unit (SARU) and those on remand, but numbers accessing this provision unfortunately remain very low. Prisoners on the supported wing, where individuals have higher levels of physical and neurodiverse needs, receive additional educational support through weekly sessions delivered by an art teacher.

The department has clear strategies for attendance management. The Board has observed the numbers attending now being reported daily in the management morning meeting and heads of residence made aware of wings where attendance is low.

With the national decision to migrate the IT infrastructure from education providers to prison ownership, there has been an impact on prisoners, with eight fewer PCs across the site. The department has created two extra computer rooms for mixed use, which goes some way to making up for the computers lost from classrooms.

As of 30 September, 48% of prisoners in Albany and 51% in Parkhurst are active library borrowers. All houseblocks have a weekly dedicated quiet time session for those who are neurodivergent, and there is one session for distance-learning study and legal research (although places are limited due to space). There are weekly outreach services to social care users and IHU. Weekly runs are made to remand and the SARU.

7.2 Vocational training, work

In September, the Governor updated the Board on the imposition of a Targeted Improvement Plan (the prison slipped from a level 3 to a level 1 rating in October 2024). A key metric in this fall was that purposeful activity was 64% against a target of 70%. 'Purposeful activity' includes education, work and skills.

Vocational work includes gardens, concrete products, DHL, Island Design, laundry (with five workers operating a sorting facility rather than the defunct central laundry), the staff mess, tailoring, upholstery, waste management, and woodwork. Few vocational qualifications were offered in 2025.

Board monitoring shows that prisoners remain engaged in workshop activity and that relationships between prisoners and staff are generally very positive. Members have also observed instructors providing individual support to prisoners in relation to their concerns.

Ongoing reorganisation and course planning throughout 2025, in preparation for 2026, resulted in two staff resignations, with a further three staff due to be made redundant within the department. This has included the cessation of some courses, such as painting and decorating at Albany, alongside the planned introduction of new courses, including bricklaying, plastering and barbering. It is considered that these new courses may better reflect the skills needs of the prisoners convicted of sexual offences (PCoSO) population.

However, the recruitment of instructors for these courses is proving challenging and may delay implementation if not resolved. In addition, the limited availability of professional qualifications means there is currently no clear benchmark against which to assess the quality of instruction.

Unfortunately, many prisoners have remained unemployed for too long. There are several contributory factors. Firstly, the review of workplace risk assessments (see section 6.6) resulted in a number of prisoners being recategorised as higher risk, leading to the loss of employment in low- and medium-risk workshops. This, in turn, created difficulties in filling places in lower-risk workshops, given the increased proportion of higher-risk prisoners within the establishment.

Secondly, the renovation of a large houseblock at Parkhurst resulted in vacancies in workshops on that site and presented challenges in reallocating affected prisoners to suitable workshops, particularly where prisoners were relocated to the Albany site.

Thirdly, there were seven-and-a-half instructor vacancies at the end of 2025, further limiting available work opportunities.

Board members have observed increased frustration among prisoners as a result of prolonged unemployment. This has been reflected in a marked rise in applications from prisoners seeking work allocations, often citing adverse impacts on mental wellbeing arising from increased time spent locked in cell and the lack of access to meaningful employment.

In addition, the age of some workshop facilities has led to maintenance issues and intermittent closures throughout the year. The central laundry remains closed.

7.3 Offender management, progression

The work of the offender management unit (OMU) has been impacted by staff shortages. Probation POMs (prison offender managers) have caseloads of 120 prisoners, which should be 50/60. The funding is available, but issues of recruitment to the Isle of Wight remain a problem. This is exacerbated by the requirement that new applicants must agree to a rolling programme where they become community offender managers (COMs) after five years, potentially therefore working on the island as a COM or having to move to the mainland.

The offender management unit (OMU) attempts to keep the impact on prisoners as low as they can through embedding the wing POM sessions, but the success appears to have been variable.

Prisoner outcomes are primarily affected by, firstly, OASys (a core tool used to assess the risks and needs of any offender) backlogs, which, on average, run at 30-45 overdue at any one time. Secondly, sentence reassessments: on average, 80 are overdue at any one time. Thirdly, insufficient one-to-one work in areas such as 'steps for positive change' or victim empathy work, all of which can contribute to a risk for re-offending. Fourthly, the department is struggling to cover the basics and not able to do any enhanced work with prisoners.

In respect of programmes, 2025 has been a year of transition, with staff undertaking training to deliver the Building Choices course. Building Choices is the new offending behaviour programme with a 'person first' approach, and replaces the offence-specific programmes such as Horizon and Kaizen.

The Healthy Sex Programme (a one-to-one course for men convicted of sexual offences) operates through a national waiting-list system. At HMP Isle of Wight, this can result in category B prisoners being prioritised ahead of category C prisoners. This has led to some frustration, particularly when category C prisoners are nearer the end of their sentences but remain lower on the waiting list. Board members have seen this reflected in applications and in conversations with prisoners, where there is a perception that completion of accredited programmes may count towards recategorisation assessments and progression through the prison system.

At the end of the reporting year, 20 prisoners were assessed as suitable and ready for the Healthy Sex Programme. Due to budget restraints, only three places are available each year and this is clearly not sufficient. Overall, 62% of prisoners have yet to access accredited programmes. Provision would not appear to be meeting prisoner rehabilitation and progression needs.

The psychology department offers support across various areas of the prison as part of their work. The psychologist in the SARU, who works with prisoners and staff, has demonstrated excellent knowledge during weekly segregation review boards of the needs and challenges of all prisoners held there. Another psychologist offers support on a small wing, focusing on the impact of trauma, whilst another supports IHU.

7.4 Family contact

As the only fully integrated category B LTHSE sex offenders' prison, there are a higher proportion of prisoners who are geographically further from home than in equivalent prisons. This, coupled with the expense and inconvenience of travelling to the Isle of Wight, means that facilitating family contact is especially challenging at HMP Isle of Wight.

Senior staff have expressed their recognition of the importance of family contact for prisoner outcomes, but the Board has received many applications and had conversations with prisoners who have expressed frustration at missed face-to-face social visits and social video calls. Moving to a new computer booking system in 2025 has resulted in confusion among visitors, prisoners and staff, leading to missed social visits, where families have been unable to see a prisoner.

The system is now embedded and the staff who are responsible for booking social visits appear dedicated and expect better outcomes. The visitors area and family days are well run by the Barnado's charity, but attendance suffers from the challenges presented by travel to the Isle of Wight. However, the prison has the

highest number of social video calls in the country - 8470 in November compared with HMP Stafford in second position, with 6644. This is despite some wings having to share access to video-conferencing facilities, which we raised as an issue with the Governor in our 2024 annual report but, as at the end of this reviewing period, had not been addressed.

7.5 Resettlement planning

HMP Isle of Wight is assessed on its ability to provide resettlement support, despite operating as a category B training prison and receiving no dedicating funding for resettlement provision. In principle, the category C population would usually move to resettlement or reception prisons within two years of the end of their sentence, while category B prisoners would be expected to transfer closer to their home area before release. In practice, national population pressures and ongoing overcrowding across the prison estate are preventing this. Nevertheless, a resettlement course is offered to all prisoners within two years of their release date, regardless of whether they are expected to be released directly from HMP Isle of Wight.

8. The work of the IMB

Board statistics

Recommended complement of Board members	17
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	10
Total number of visits to the establishment	418

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	32	50
B	Discipline, including adjudications, incentives scheme, sanctions	5	51
C	Equality	21	13
D	Purposeful activity, including education, work, training, time out of cell	43	35
E1	Letters, visits, telephones, public protection, restrictions	35	34
E2	Finance, including pay, private monies, spends	20	18
F	Food and kitchens	18	5
G	Health, including physical, mental, social care	55	45
H1	Property within the establishment	20	23
H2	Property during transfer or in another facility	16	16
H3	Canteen, facility list, catalogues	19	16
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	54	39
J	Staff/prisoner concerns, including bullying	57	49
K	Transfers	26	6
L	Miscellaneous	75	40
	Total number of applications	496	440

NB: Some applications covered multiple categories, so the number of complaints by category is greater than the number of individual applications.

Annex A

Service providers

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



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