



**HMP ISLE OF WIGHT  
INDEPENDENT MONITORING  
BOARD**

**ANNUAL REPORT**

**2012**

## **THE STATUTORY ROLE OF THE IMB**

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

The Board is specifically charged to:

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

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

## **IMB DIVERSITY STATEMENT**

HMP Isle of Wight Independent Monitoring Board is committed to an inclusive approach to diversity which encompasses and promotes greater interaction and understanding between people of different backgrounds including race, religion, gender, nationality, sexuality, marital status, disability and age. We also recognize that a fully inclusive approach to diversity must also respond to differences that cut across social and cultural categories such as mental health and literacy.

All members of HMP Isle of Wight IMB will undertake their duties in a manner that is accessible to everyone within the establishment regardless of their background or social situation. The Board will monitor to establish that the experiences and interaction between staff, prisoners, detainees and visitors is fair and without prejudice. Where this is not the case, the Board will alert the appropriate authorities.

## **REPORTING PERIOD**

1<sup>ST</sup> January 2012 – 31<sup>ST</sup> December 2012

- 1. STATUTORY ROLE OF THE IMB**
- 2. CONTENTS**
- 3. HMP ISLE OF WIGHT**
- 4. EXECUTIVE SUMMARY**
- 5. AREAS TO BE REPORTED ON:-**
  - 5.1 Equality and Inclusion**
  - 5.2 Education, Learning and Skills**
  - 5.3 Healthcare and Mental Health**
  - 5.4 Purposeful Activity and Work**
  - 5.5 Resettlement**
  - 5.6 Safer Custody**
  - 5.7 Segregation, Care and Separation**
  - 5.8 Residential Services (Includes Accommodation, Food and Kitchens)**
- 6. OTHER AREAS OF THE PRISON (by exception or concern only)**
  - 6.1 Adjudications**
  - 6.2 Chaplaincy**
  - 6.3 Gymnasium, Association and Exercise**
  - 6.4 Incentives and Earned Privileges**
  - 6.5 Libraries**
  - 6.6 Programmes**
  - 6.7 Security**
- 7. WORK OF THE INDEPENDENT MONITORING BOARD**

## **HMP Isle of Wight**

On 1st April 2009 the 3 prisons on the Isle of Wight amalgamated and became HMP Isle of Wight with 3 sites namely Albany, Parkhurst and Camp Hill holding approximately 1700 prisoners.

\* Albany a category B site with a population of approximately 550 prisoners, of which 91% are sex offenders.

\* Parkhurst a category B site with a population of approximately 530 prisoners and has an integrated regime with 71% sex offenders.

\* Camp Hill a category C training prison with a population of 600 prisoners, mostly serving short sentences with a through put of around 1200 prisoners a year.

On 10th January 2013 it was announced that Camp Hill would be closed by the end of the financial year and de-commissioned on 19th April 2013. A Closure Report is being prepared by the Board and this will be submitted when completed at a later date.

In the two remaining sites there are approximately 209 prisoners serving Life, 275 with Indeterminate sentences for Public Protection (IPPs), 509 serving 10 years or more and about 10 remand prisoners. Out of all the prisoners, 433 are over the age of 50 and of those 43 over the age of 70.

Each prisoner is assessed and allocated according to their level of risk and so the resources required, with those in Tier 4 being the highest risk. At the time of completion of this report, there are 926 prisoners at Tier 4, 10 at Tier 3 and 61 at Tier 2, with the rest unallocated but expected to fall into the higher Tier.

During 2012 Healthcare was delivered by the NHS Trust but towards the end of the year was unsuccessful in its bid to retain the healthcare services and the substance misuse contract. The main prison health services contract has been awarded to Harmoni HS Lit (part of Care UK) and the substances misuse services to Inclusion (part of South Staffordshire and Shropshire Healthcare NHS Foundation Trust).

Education in HMP Isle of Wight was provided by Manchester College until August 2012 when Milton Keynes took over the contract.

There are many agencies and outside organisations working within the prison and they are listed as follows:-

<b>Partner</b>	<b>Partnership Objectives and obligations for the provider and or Establishment</b>
National Probation Service	Community Punishment
UK Border Agency	Safe and Secure custody of prisoners subject to deportation
Job Centre Plus	Benefits Closure. Referral to work programme on release
Offender Learning and Skills Level 4 (OLAS4) provider as agreed with skills funding	Provision of learning and skills
Barclays Bank plc	Reducing offending strategy
Citizens Advice Bureau	Reducing offending strategy
Clear Springs	Reducing offending strategy
Storybook Dads	Reducing offending strategy
Community Volunteers	Community Cohesion and Equality groups
Local Authority Housing Associations	Reducing offending strategy
The Samaritans	Suicide Prevention and Self Harm management
Alcoholics Anonymous Ltd	Reducing offending strategy
IOW Council Community Wellbeing and Social Care	Common Assessment Framework
UNLOCK The National Assoc. of ex-offenders	Reducing offending strategy
Law Centres Federation	Reducing offending strategy
Prison Fellowship	Reducing offending strategy
Age Concern	Community Cohesion and Equality groups
Changing Tunes	Provision of additional rehabilitation services
CRUISE	Provision of support services for Prisoners in need
Learn Direct	Provision of additional rehabilitation services
Royal British Legion	Provision of support services for Prisoners in need
CARATS ( Counseling Assessment Referral and through care Service )	Inclusion Drug and Alcohol Service, South Stafford and Shropshire NHS

IOW Library	Provision of Library services IOW County Council
Tribal	Employment Advisor

## **Executive Summary**

It is four years since the three Island prisons became HMP Isle of Wight, but the merger has been a slow process not helped by having two Governors and one acting Governor, with the last one subsequently leaving towards the end of 2012. This lack of continuity in leadership left staff feeling insecure and with the approach of Fair and Sustainable and the inevitable cuts in staffing levels, morale was low. Unfortunately these fears were realized with the announcement of the closure of the Camp Hill site in the second week of 2013.

However, 2012 saw some significant changes in HMP Isle of Wight as the then Governor continued the drive to full integration of the three sites, with the idea of turning them all over to managing sex offenders. Albany and Parkhurst were already designated sites, but there was no commitment to do likewise in Camp Hill. This integration enabled the opening of one reception and during this period transfers between sites became easier and were met with less resistance.

The closure of two out of the three segregation units was challenging and often the remaining unit was full to capacity resulting in inappropriate accommodation having to be used in another site. The weekly reviews were criticised by the Board due to poor attendance of appropriate members of staff, most notably the Offender Management Unit due to a shortage of staff, which the Board are told, is unlikely to change for the foreseeable future. The Board has also continued to raise concerns regarding the length of time taken for transfers to other establishments and in particular for those prisoners with mental health problems waiting to be moved to a special hospital.

Due to the ageing population, particularly in Albany with almost a third of the prisoners over the age of 50, this places considerable demands on both health care and staff and the Board are pleased to note that overall prisoners are satisfied with their treatment. Unfortunately with an older population this has resulted in a number of deaths in custody (12 during 2012) which the Board considers have been handled with care and compassion by the prison, although this cannot be said for the length of time taken to bring matters before the Coroner's Court.

The Board believes that budget cuts during the year continued to impact on prisoners particularly in relation to education and the insufficient cover for staff absences, but they are impressed by the number of prisoners engaged in purposeful activity. The kitchen continues to provide good quality food despite being located outside the prison walls and working within a tight budget.

The HMP Isle of Wight Annual Report has been compiled by individual Board members reporting on their areas of special interest. At the time of preparation the Board had become aware of the pending closure of the Camp Hill site and following advice from the Secretariat, it was decided not to include Camp Hill in this Annual Report as a closure report will be prepared when this has taken place.

## **Particular issues requiring a response:**

### **Questions on Policy to the Minister**

**A.** Hours for reading and writing have been reduced, 12% cut in Education budget (Section 5.2(a) Education)

**B.** The lack of Offender Management Unit staff (Section 5.5(a) Resettlement)

### **Questions to the Minister**

**C.** The long delays in matters being brought before the Coroner's Court. (Section 5.6(c) Safer Custody)

**D.** The potential breakout from Albany. (Section 6.5(a) Security)

### **For the Prison Service**

**E.** Wheelchair access, accessibility to workshops. (Sections 5.1(a) Equality and Inclusion. (Section 5.4(c) Purposeful Activity)

**F.** The effective supervision of the medication queue. (Section 5.3(b) Healthcare)

**G.** The lengthy process transferring a prisoner to a special hospital. (Section 5.7a). Segregation)

**H.** Prisoners allocated to Establishment not being offered appropriate courses (6.6(b) Programmes)

**I.** Finishing Kitchens to improve quality of food. (Section 5.8(b) Residential Services)

### **Previous year's concerns**

(a) Dog handlers. This remained an issue until the beginning of 2013 when HMP Isle of Wight recruited a second dog handler part-time with a passive dog.

(b) Prisoners' property. This is still not resolved with the Board receiving 119 applications in 2012 regarding property that had gone missing when a prisoner was transferred. This is raised regularly with the prison but appears to be primarily due to GeoAmy, the company contracted to transfer prisoners, having failed to provide space in their vehicles for property.

(c) A more efficient and professional way of moving prisoners from one prison to another has still not been achieved and remains a particular issue requiring a response. (Section 5.5 Resettlement and Section 5.7 Segregation Care and Separation)

Following a recruitment drive in December 2012 the Board has for the first time a full complement of members and we are looking forward to more effective monitoring in 2013.

Rosemary Montero

IMB Chair.

## **5.1 - Equality and Inclusion.**

1:1 The majority of prisoners held in the Albany site and to some extent those in Parkhurst would in another establishment be classified as Vulnerable Prisoners due to the nature of their offence and/or age.

1:2 The prison healthcare staff work in partnership with prison and local social work colleagues in pioneering work on the development of the Common Assessment Framework (CAF) IOW: Older Prisoner Health and Wellbeing Project (2010-2012) with referrals from staff or prisoners themselves. However, it is noted that the contract for this initiative is due for renewal soon and the future is uncertain.

1:3 The Disability Forum meet on a monthly basis and a member of the civilian staff is employed as a Disability Liaison Officer (DLO). There is a weekly session for older and disabled prisoners run by the DLO with a number of volunteers recruited by the Chaplaincy. Different activities take place including games and music with instruments provided and the gymnasium organise activities more appropriate to older prisoners, such as bowls. Disabled prisoners are located on the ground floors and training is available to other prisoners wishing to learn how to assist them and the handling of wheelchairs.

1:4 Trans-sexual prisoners are allowed to wear clothes of their choice and the necessary toiletries and female attire are available for purchase through the canteen.

1:5 The Board are satisfied that overall the treatment of prisoners is seen to be equal and there is no discrimination. The needs of prisoner groups are recognised and representatives are invited to attend monthly Community Cohesion and Equality meetings. Staff are trained in racial, cultural and diversity issues which are monitored and discrimination incident reporting forms are available ensuring confidential access to the Governor.

1:6 Due to the lack of ethnic minorities on the Board and living on the Island, in December 2012 a recruitment drive focused on the Southampton area. A number of applications were received and successfully recruited but none were from those who share a protected characteristic.

### **Concerns**

5.1(a) Wheelchair access to some areas of the prison is poor and so restricting to those prisoners who lack mobility

## **5.2 Education – Learning and Skills**

The Isle of Wight Prison (HMP IOW) has two sites each with different needs and therefore a variety of workshops, but the highlights and concerns are mainly consistent across the board and this report covers the both with individual comments where appropriate.

2.1 The delivery of prisoners to classes has much improved due to the better management of prisoners on the wings.

2.2 The Board commends the staff in education for their excellent performance across all the sites and their continued positive attitudes and camaraderie between staff and students throughout a difficult year of many changes and uncertainties. In August, Milton Keynes took over from Manchester College and consequent budget cuts have been extremely challenging. Their many achievements, mostly 100% passes, are proudly displayed and in Albany there is a board displaying hundreds of letters of gratitude from prisoners expressing their heart felt appreciation.

2.3 Highly qualified staff identify/diagnose problems of individuals, e.g. dyslexia or lack of cognitive skills, and so often point prisoners on right course of action for the first time in their lives.

2.4 The Head of Education in Parkhurst insists on supporting prisoners at parole hearings to assist the Parole Board in understanding the weaknesses and/or educational strengths of the prisoner being reviewed

2.5 Albany put in over 200 entries to the Koestler Trust and won 13 awards and Parkhurst won 4.

2.6 Albany has received special recognition as a good enrichment provider and upheld grades 1 – 2 and the mutual respect between staff and prisoners was the “best ever seen”, (quote from the Inspectorate).

### **Concerns**

5.2(a) Hours for reading and writing were unrestricted but have now been reduced to 42 which is of great concern to staff who consider this totally inadequate. Added to this, the majority of the budget is spent at the beginning and end of sentences to prepare prisoners for release thus reducing the time mid-sentence for longtermers.

5.2(b) A 12% cut in the budget has meant staff have either been unable to offer prisoners a place or they have increased the class size, thereby spreading the time spent with individual prisoners.

5.2(c) In Parkhurst there are difficulties accessing classrooms on the top floors for older prisoners and there are fewer mobile prisoners on

Phoenix Wing to assist with activities, as it is no longer funded by OLAS4(Offender, Learning and Skills Level 4)

5.2(d) Spaces on Learning courses cannot always be filled due to lack of escort staff or other work requirements.

## **5.3 Healthcare and Mental Health**

3.1 The two prison sites now have one Reception in Albany where the Inpatient Healthcare Unit (IHU) is based. All prisoners arriving at Reception are seen by healthcare staff well within 24 hours of their arrival and there is easy referral to the on-site IHU for screening when necessary. This is an improvement.

3.2 At the time of writing, only three prisoners were waiting to hear of their requested GP appointment. Following triage in the separate Healthcare Centres, waiting times for GP appointments varies from immediate to 14 days (Parkhurst having the longer wait). Emergencies are dealt with immediately and both sites have seen a reduction in waiting times in the last six months. Prescriptions are dispensed without delay and the additional pharmacy staff and the installation of automated unit dose dispensing in 2012 – Telemedicine, unique in UK prisons has improved the timeliness, safety and security of dispensed medication

3.3 Prisoners requiring district hospital care and treatment are seen at St. Mary's hospital, adjacent to the prison and those with special needs are transferred to mainland hospitals. The on-site IHU provides an increasing range of care and treatments at a very high standard and reduces the need for transfers to the external hospital. There is close liaison and regular monthly meetings between prison healthcare and hospital staff to solve any problems with the logistics of getting prisoners to appointments.

3.4 There is now an excellent system of patient feedback in the prison to assess the levels of courtesy, quality and privacy of healthcare on all three sites. Monthly returns are collated and have recently shown positive feedback at the following levels. Privacy 58%, general feelings about the healthcare experience 75%, being helped to manage their condition 67%, access to healthcare services in general 67%, access to external healthcare services 58% (17% didn't apply to them). The statistics show a general month-on-month trend in increasing satisfaction with healthcare services.

3.5 The establishment's efforts to promote the physical and mental health of prisoners are impressive with many new initiatives introduced in this respect over the last few years. The Board has counted up to 30 new courses and the formation of specific health groups and clinics.

3.6 The Healthcare team's success has been recognized internally, locally and nationally but space limits the inclusion of this information. However, a few examples are – in March 2012, the Healthcare administration team was awarded the Clinical Commissioning Group's Practice Support Team of the Year" and in November 2012, the entire Healthcare service at the prison were awarded the NHS's "Most Outstanding Team of the Year" award in a local public ceremony. There has been national recognition for the work undertaken by the prison Healthcare team – for example: their response to an outbreak of the norovirus infection at the prison, work with blood-borne viruses, Hepatitis C diagnosis and surveillance, sexual health promotion work and end of life care

3.7 It is recognized that there is a wide spectrum of “mental health” conditions. It would be impossible for any service to provide the entire range to large number of prisoners. The primary team is now well established and a full mental health service review took place this year. It should be noted that the referrals to the prison mental health team has doubled since it started and currently there are around 200 referrals each quarter. The restraints on the service and environment of this prison means that only short term support structures can be offered and management of immediate trauma. The use of self-help material is promoted and indeed prescribed and there has been good feedback on these resources. Within any month, a couple of prisoners may be referred for external help and a similar number transferred to more appropriate places. There is mental health awareness training for all staff (including Board members) and listener and violence reduction representatives are also trained. The service promotes annual health checks to include advice on healthy living and prisoners are referred to the gym. There have been recent audits by the Care Quality Commission (CQC) and Her Majesty’s Inspectors of Prisons (HMIP) and the subsequent reports commended the mental health team as having “good care pathways”. The mental health team were also included in the local NHS awards mentioned above.

3.8 The relationship between prison healthcare services and prison service staff is good and has been one of the notable successes since the NHS became responsible for the healthcare of prisoners at HMP IOW. Healthcare staff are engaged in all aspects of the prison community with a very high profile; they contribute significantly to the overall success of the prison and particularly in relation to the ‘decency’ aspects. CQS and HMIP inspection confirm this.

3.9 Prisoner feedback on the service on offer obviously varies, often depending on whether the prisoners get what they want. However, feedback from the exit surveys at healthcare sites, individual healthcare representatives on the prison councils and from meetings where prisoners are strongly represented, all show a very encouraging feeling of significant improvement, satisfaction and indeed, praise for the healthcare on offer.

## **Concerns**

5.3(a) Podiatry, optometry and dental services continue to have issues as these peripatetic services are particularly vulnerable to prison regimes and procedure changes so appointments are missed. Additional clinics have been provided for podiatry reducing waiting times from six months to one-third of this. Additional services for optometry have been requested. Dental services are also subject to delay in fixing initial and follow-up appointments.

5.3(b) There has been an issue on the effective supervision of the medication queue at Albany when it has been easy for prisoners to exchange and sell personally prescribed medication and persuade others to part with them.

5.3(c) Severe and mild/moderate problems are addressed but longer-term intervention is a problem.

## **5.4 Purposeful Activity**

4.1 HMP IOW has a range of activities available in both sites. Suitability in developing skills is assessed through the Offender Assessment System (OASys) risk assessment and satisfactory procedures are in place.

4.2 Availability of up to date work/activity allocation is emailed on a daily basis to the relevant Governor in charge. In Albany 89% of prisoners (510 out of 570) are taking part in an Activity and in Parkhurst 91% of prisoners (484 out of 530).

4.3 There are a number of prisoners not involved in purposeful activity and employment, the reasons for lack of engagement fall into the following categories :-

- \* Unemployed prisoners over the age of 65
- \* New Inductions
- \* IHU inpatients
- \* Medically unfit
- \* Segregation unit
- \* Unemployed remands

5% of prisoners in HMP IOW are in the above categories, however this fluctuates on a daily basis.

4.4 Good practice has been observed throughout in the Resettlement Department where a project has been prepared with a number of partners during 2012. The project encouraged partnership working to ensure 'real work' within the community and the prison. HMP IOW had the project ready to go live with the first prisoner going on placement outside the prison in January 2013, but unfortunately the project was stopped instantly with the announcement that Camp Hill was closing. The dedication and efforts during all of 2012 by the staff carrying out preparatory work for this project deserves a mention.

4.5 HMP IOW has excellent gardens in both sites and prisoners not only show pride in their work but enjoy sharing their wealth of knowledge. Prisoners benefit from working with outside agencies and following a visit from a local major garlic farm owner, he was so impressed by their work and yet sympathetic to budget constraints he donated some garlic plants.

4.6 Other workshops of note are the re-cycling of furniture and clothes which saves money and the amount is prominently displayed. The Leopard Studios was producing music cost free under the enthusiastic leadership of a prisoner and Cookery in the Albany site, provides excellent skills with prisoners not only learning to cook healthy meals but also to plan and budget.

4.7 The Print and Design Workshop in Albany produces excellent publications for the prison and outside industries.

4.8 The World of Wheels is a Registered Charity who supplies broken wheel chairs and parts to a workshop in Parkhurst, where an enthusiastic team of prisoners led by a very keen Instructor, renovate before shipping to third world countries.

## **Concerns**

5.4(a) The Board are concerned that there is insufficient cover for staff absences in some areas across the provision of Learning and Skill (including Activities). This has been recognised by HMP IOW but improvement still has to be observed.

5.4(b) Accessibility to workshops for less mobile prisoners, as in education and other areas of the prison, is of concern to the Board.

## **5.5 Resettlement**

5.1 With both Albany and Parkhurst being Category B prisons most of the work on resettlement took place in the Camp Hill site which has since closed.

5.2 Prisoners are allocated to HMP IOW from other local prisons where sentence planning requirements and needs have usually already been identified. The majority of the population in Albany and to an extent also in Parkhurst, are Category B prisoners who have committed sexual offences and therefore much of the work is focused on Risk Management and Public Protection. Meetings led by the Probation Service are held on a monthly basis at each site to identify those prisoners subject to Multi-Agency Public Protection Arrangements (MAPPA) with input from the Offender Supervisor (OS), the Offender Manager (OM), Police and Social Services. The Board attends some of these meetings and considers them to be highly professional, demonstrating considerable care and attention to detail.

5.3 Prisoners, where applicable, attend the Sex Offender Treatment Programme (SOTP) both core and extended and the prison also provides a Thinking Skills Programme (TSP) but monitoring by the Board is not appropriate.

5.4 The Citizens Advice Bureau (CAB) were available in all three sites at the beginning of 2012 offering advice predominately on monetary matters and also delivering the Unlock Course relating to finance, but funding was withdrawn in September although the prison continued to cover it until the end of the year.

5.5 There were separate Offender Management Units (OMU) on each site at HMP IOW at the start of 2012, staffed by a combination of Prison Officers and Administrative Officers. Following the re-profiling in June officers were taken from the OMU departments for wing duties resulting in a backlog of work in the OMU leaving one resettlement officer to cover both Albany and Parkhurst.

5.6 On the 2<sup>nd</sup> August 2012 the Governor sent the following notice to prisoners:  
"NOTICE TO PRISONERS: NTP 091 - 2012  
RE: OMU WORK PRIORITIES

Due to a need to prioritise work within the Offender Management function, unfortunately not all work that falls within the OMU remit will be able to be completed.

Work will be prioritised in order of risk and a discharge date, the list below is the order work will be completed.

Highest

1. Parole Reports, Parole Interviews
2. Video links, Offender Manager visits
3. OASys Assessments and Annual Reviews
4. Annual Re-cats
5. Transfer Applications
6. Wing Applications.

This will be monitored on a monthly basis.

**James Shanley, Governor, HMP Isle of Wight”**

**Concerns.**

5.5(a) The lack of OMU staff leading to the need to prioritise work with wing applications and transfers at the bottom of the list, was totally unacceptable to the Board. Prisoners repeatedly spoke of being unaware as to who was their OM, the lack of contact with their OM and often incorrect information on OASys which they were unable to have addressed, meant more applications submitted to the Board.

5.5(b) Prisoners wishing to be transferred from the Island has always been an issue and following NTP 091 - 2012 they were made aware that it lacked priority and on several occasions they wrongly believed an incident at height would have the desired effect. Following a roof-top demonstration prisoners were invariably then located in the segregation unit where again OMU failed to attend. (See Para 5.7(3) Segregation, Care and Separation

5.5(c) The Board raised with the Governor on three written occasions in July, September and November and repeatedly at the monthly meetings their concern over OMU, but the problem was still on-going at the end of the reporting year.

## **5.6. Safer Custody**

6.1 The practices and procedures regarding Safer Custody are set down in a Prison Policy which is reviewed annually. Copies are available in all wings and relevant departments and the policy is followed in detail. The policy is used to form strategies put in place to ensure /monitor the well-being of prisoners at risk from self-harm to themselves and to others.

6.2 Regular meetings chaired by a Deputy Governor or the Governor bring together Mental Health, Residency, Chaplaincy, CARATS, OMU, Health Care, Violence Reduction managers, Samaritans and Listener representatives. The agenda includes reports published in advance so allowing informed discussions at meetings. The Board are invited to attend and detailed minutes are issued.

6.3 Following refurbishment the Albany reception now acts as the reception for both sites. Being a Category B prison the turn-over of prisoners is relatively small, but it also takes those remanded in custody from the local Courts. The Board considers that prisoners are treated sensitively and courteously by reception staff and upon completion of this process they are taken to the induction or remand wing. Here they are met by a 'first nighter' who is specially selected to show the prisoner his cell which is neatly arranged with everything he is entitled to, gives instructions on the night sanitation and then introduces him to the prison regime.

6.4 The Board are satisfied that the procedure of placing a prisoner on an ACCT is a considered decision made by staff in close collaboration with the ACCT Assessor and ACCT manager and relevant specialist departments, such as the mental health team. The Board are also satisfied that the process of monitoring a prisoner on an ACCT is thorough with those in need of constant supervision placed in a gated cell or the IHU. The prisoner is involved from the outset and attends reviews when required to enable their agreement with the frequency and length of monitoring. Throughout Board members have access to the ACCT document and procedures are checked regularly and signed as seen and monitored.

6.5 Prisoners on ACCTs have access to the Chaplaincy from the outset, together with a Listener and the availability of a Samaritans' telephone. Both do an excellent job in providing support and all respect the confidentiality of conversations with prisoners. Staff and prisoners involved in serious self-harming incidents and deaths in custody are provided with counselling.

6.6 There is a strong anti-bullying policy with warnings on every wing and throughout the prison and personal alarms are provided for frail prisoners. Issues between prisoners are often resolved by staff through wing or site transfers and complaints made to the Board regarding bullying by staff are with consent referred to the Governor.

6.7 There are Violence Reduction officers on every wing and the Board has no issue with the reasoning behind violence reduction reports being set up, monitored and reviewed. Nor does the Board have any issue with the duration of the report providing the reasons can be explained. Monitoring is thorough with careful recording of the progress of both victims and perpetrators. Although data shows an increase over 2012 the incidents requiring monitoring were down from May 2012 compared with the same period in 2011. Incidents of violence were well down with 12 recorded in the last tranche of data in October 2012. Assaults on prisoners were also down significantly to 58 to date. The Board are pleased to report that assaults on staff are low with 18 in 2012, as are unexplained injuries.

6.8 There is a very detailed procedure for Deaths In Custody and also training such as 'First on Scene' and emergency first aid. Night staff are regularly checked to ensure they are aware of their course of action should they find anyone attempting to self-harm and the ACCTs process has helped reduce the number of these deaths.

6.9 With an increasingly ageing population in HMP IOW and prisoners over the age of 50 being considered to be pensioners, more are likely to die from natural causes. The Inpatient Healthcare Unit (IHU) has an 'End of Life' Suite and after repeated concerns from health staff, security agreed to this being left unlocked at night to enable fast access to patients/prisoners by medical staff.

6.10 Deaths in custody. Following a death in custody the Board are informed as are the Chaplains Department and a Family Liaison Officer (FLO) is appointed. Initially the family may be informed of the death by a member of staff from a prison nearer to their home to avoid any delay, but considerable importance is given to the role of the FLO and the needs of the family by the Governor of HMP IOW. The Board and Prison liaise with The Prison and Probation Ombudsman regarding the death

6.11 Between 1<sup>st</sup> January and 16<sup>th</sup> December 2012 there were 12 Deaths in Custody in HMP IOW and all but one of these was considered to be from natural causes, but to date (31.03.13) there has only been one listed in the Coroner's Court and that has still to take place. Support for all prisoners and staff who had known the deceased is thought to be crucial and the Chaplaincy always hold a Memorial Service to which all those affected by the death are invited to attend. The Board considers that each of these deaths were handled professionally and extremely sensitively by all members of staff involved and are impressed by the care and concern displayed in HMP IOW.

### **Concerns.**

5.6(a) There has been on occasion delays before the Board has been informed which appears to be down to staff not considering the need to contact them especially when the death is known to be imminent and from natural causes.

5.6(b) Staff on night duty have historically been employed from a local recruitment agency and bearing in mind the responsibility of a member of staff on duty alone in a wing, the Board does not consider agency workers with minimal training to be an acceptable level of staffing.

5.6(c) The Board deplores the long delay in matters being brought before the Coroner's Court so preventing closure for family and next of kin. Some families have now waited 16 months with still no date listed and this has been brought to the attention of the new Governor.

## **5.7 Segregation ,Care and Separation**

7.1 The prison started the year with three Segregation Units, but it had been planned for some time that two of these would close and as was envisaged, achieving closure proved to be a very challenging time for staff and prisoners. Re-locating prisoners frequently meant moving them from one site to another, often under the closest supervision. There were times when the remaining facility was full requiring special and sometimes unsuitable accommodation being used in one of the other sites.

7.2 Informing the Board of an initial transfer to the segregation unit has been inconsistent, but the Board has been more appropriately notified of moves to special accommodation and dirty protests. These are often videoed with the attending Board member being shown in their monitoring role. Health Care attend and every effort is made to return such prisoners to furnished cells at the earliest opportunity, where they are then offered the opportunity to speak to the Board member out of hearing of staff. If special accommodation continued to be used a Board member has visited the unit on a daily basis during the time these cells are occupied.

7.3 Statutory records have been kept up to date and the review panels held on a weekly basis at the same time. The Board gives the review priority even if it falls on a Bank Holiday, but attendance by other departments has not been consistent and at the beginning of 2012 meetings were often delayed while a member of the Mental Health Team was sought to attend. With a shortage of staff in the Offender Management Unit (OMU) in mid-2012 their attendance almost ceased, but when they did they were often ill informed by their colleagues and issues highlighted at previous reviews could not be addressed. Although a representative from the Prisoners Movement Unit (PMU) joined the review panel to look at transfer issues, these could not proceed without the views of the OMU often resulting in prisoners remaining in the segregation unit for longer periods of time.

7.4 Prisoners are encouraged to attend and the Governors doing the segregation reviews have tried hard where appropriate, to persuade a prisoner back to ordinary location, giving them the time and courtesy they should expect to express their views on their current situation. A prisoner on an open ACCT are reviewed following the segregation review and the Board member on duty stays and is invited to contribute.

7.5 The Board has not been able to attend Segregation Monitoring and Review Group (SMARG) meetings in 2012 as there were few meetings held and those that did take place were at very short notice with no Minutes received by the Board

### **Concerns.**

5.7(a) Many of the Segregation Unit occupants suffer from one or more serious mental health issues and would be better placed in a secure Mental Health facility. The lengthy process taken to facilitate these transfers has been raised with the Governor by the Board and although it is

not considered by the Mental Health Team to be unduly long, the Board remains very concerned that such prisoners are having to remain in accommodation which is used to isolate and punish prisoners and would urge a more positive approach in dealing with such people.

5.7(b) Managers try to ensure that the use of segregation as a means of being transferred off the Island is not an option, and the Board supports this view. However, the Board feels more appropriate accommodation should be sought in order to avoid the problem of over-crowding.

5.7(c) The Board feels that not to have a full complement of staff at the Segregation reviews is completely unacceptable, as it often means prisoners' sentences and therefore lives, are going nowhere due to lack of information from staff.

## **5.8. Accommodation, Food and Kitchens**

8.1 The Board are satisfied with the overall cleanliness of the prison, attention is given to showers and communal toilets and the cells are adequately furnished

8.2 Meals for both sites are prepared centrally in a modern well equipped kitchen outside the prison walls and during this period professional staff were supported by a group of up to 10 prisoners on ROTL (Release On Temporary Licence). Members of the Board visit the kitchens unannounced at least once per month and food is tasted and monitored on a weekly basis by Board members. Kitchen staff are cooperative and very open in the way they respond to queries and questions arising from rota visits on the wings.

8.3 Prisoners are given a choice of 4 meals at lunchtime and 5 for dinner. Vegetarians and Vegans are catered for, as are the needs associated with non-Christian faiths. Throughout the year menus include an option which reflects religious festivals and celebrations.

8.4 Prisoners are given the opportunity every 6 months, through a prisoner survey, to influence the menu choices. The kitchens respond, where possible, to a popular request for meals and the "Comments Book" which should have been available on all wings, has been replaced by triple - carbonated "Comments Forms". These enable prisoners to give feedback, both negative and positive, to the kitchens and all are responded to and data is fed back to Community, Cohesion and Equality committee. Prisoners are also given the opportunity to give feedback to the kitchens via Prison Council Meetings.

8.5 In visiting the kitchens Board members, although not professional caterers, have been impressed by the quality and freshness of ingredients and also action taken by the kitchens in the event of unsatisfactory quality. They have also been impressed with the commitment of the kitchen staff to deliver the best quality food within externally imposed limitations.

## **Concerns**

5.8(a) Most complaints the Board receives from prisoners concern size of portions, temperature of food and quality of food. In monitoring these concerns the Board found a lack of consistency of practice on both sites and all wings. On some wings there is a lack of supervision over the hotplate and a resulting unequal distribution of food and on others there is a lack of regular formal monitoring of temperatures of food. Some wings are unaware of the current "Comments Forms" and the old "Complaint Book" has been removed because "some prisoners just wrote abuse in it".

5.8(b) The kitchen is aware that some foods e.g. chips, do not retain the quality of freshly cooked as they are distributed to the sites. However, prisoners still request these popular items. It has been suggested to management a finishing kitchen for chips would improve their quality, but they seem reluctant to do it on the grounds that a prisoner would need to be trained.

## **6.1 Adjudications**

### **Concerns**

6.1(a) Following the introduction of one segregation unit, adjudications in Albany have been deprived of a secure and private venue, as the 'old' Albany segregation unit is now a Remand Centre. This has resulted in adjudications often taking place in wing offices which the Board has expressed concerns about, but this view was not reciprocated by the Governor with whom it was raised.

## **6.2 Chaplaincy.**

2.1 With a decrease in the Chaplaincy team, staff in April 2012 the Chaplaincy department was restructured but this prevented a full-time employed Chaplain being allocated to each site. Despite this increase in their work which often requires covering more than one site, they maintain a high profile in the prison and regularly help to defuse a situation with some of the more volatile prisoners.

2.2 They play a crucial role following a death in custody, offering support and compassion to other prisoners and staff and are often required to contact families and arrange funeral and memorial services.

### **Concerns**

6.1(a) Due to a reduction in members the Chaplaincy teams are no longer able to attend the Segregation Reviews where they were a valid member of the team often able to contribute to the review, having had daily contact with all prisoners in the unit.

6.2(b) The Chaplaincy attempts at recruiting volunteers to act as prison visitors has had a poor response, which has not been helped by the media highlighting the nature of the offences committed by the majority of the prisoners.

## **6.3 Gymnasium, Association and Exercise**

3.1 Both gymnasiums provide excellent facilities and despite the demands on staff to cover more duties, they are hardworking and enthusiastic. All prisoners are catered for with appropriate activities to suit their needs and staff offer extra sessions and competitions at such times as Christmas.

### **Concerns**

6.3(a) Prisoners at work during the day can only attend the evening and weekend sessions in the gymnasium and too often the lack of staff causes the cancellation of 'out of cell' activities.

6.3(b) The majority of prisoners are out of their cells to attend work, take showers and to associate with other prisoners. They have some time in the open air between wings and workshops but this is minimal and those employed on the wing as cleaners or in the servery rarely move out of the wing. Exercise yards are under used and the Board are concerned by the lack of time spent by the majority of prisoners in the open air.

## **6.4 Incentives & Earned Privileges. (IEPs)**

4.1 The Board are pleased with the increase of prisoners on enhanced level and with the recording of the IEP status of all prisoners. Over the last 9 months there has been a reduction in the number of adjudications as the IEP system has been used to its full effect.

## **6.5 Libraries**

5.1 The libraries are run by the local authority, the Isle of Wight Council with 4 staff per site who provide an excellent service. Staff are now able to order books and CDs of their choice and these have include Braille, talking books and larger print books. They run a Reading Club with a special one for older prisoners and both are so popular they have a waiting list.

### **Concerns**

6.5(a) The Board is concerned that as a result of the core day access to the libraries has been reduced by 15 minutes and if the Officer dedicated to escort them is away there is no-one to take their place.

6.5(b) The Libraries no longer manage the Toe by Toes' reading scheme run by the Shannon Trust. Although still available, it appears to be patchy and there is confusion, as to who is in charge of this valuable scheme, now more crucial with reduced reading and writing in education.

## **6.6 Programmes**

6.1 HMP IOW primarily runs three programmes :- Sex Offender Treatment Programme (SOTP) both core and extended and Thinking Skills.

6.2 Out of a population of nearly 1100 prisoners only 23% attended the Thinking Skills Programme with another 31% considered to be unsuitable and the rest of the prisoners either in treatment or under assessment.

6.3 Of the 532 prisoners in Parkhurst 71% are sex offenders, out of which 17% are in denial or maintaining their innocence, with another 13% not sufficiently, motivated to attend a programme.

6.4 The Albany site has 546 prisoners and 91% have committed sexual offences, out of which 15% are in denial or maintaining their innocence, with 10% not sufficiently motivated.

## **Concerns**

6.6(a) HMP IOW like others, has a number of prisoners serving Indeterminate sentences for Public Protection (IPPs) who have been identified by OASys as requiring attendance on specific Programmes, but this prison does not run the said courses. This leaves prisoners feeling frustrated and unfairly treated as through no fault of their own, they are unable to progress and so remain at high risk to the public. The Board feels that the prison service fails in its duty of care with the lack of consideration given by sending IPPs and those eligible to be considered for parole, to inappropriate prisons .

## **6.7 Security**

7.1 In 2012 the security audit score was 91% which was an excellent result for 3 sites with 3 gates. In the spring the administration of the department was moved to one site which led to some prisoners and staff perceiving that there was no security, but following the implementation of new procedures this eradicated any problems.

7.2 In December 2012 these procedures were shown to be effective as there was a potential breakout from the Albany site. Information had been received from an internal source via a Security Intelligence Report (SIR).

## **Concerns**

6.7(a) The Board were very concerned by the potential breakout from the Albany site in the December. Prisoners were found to be in possession of items that should not have been available to them. The Board understands that a full report is due to be published and that many of the action points have already been completed, but clearly there was a breakdown in security which enabled the prisoners involved to come close to attempting to carry this out.

## THE WORK OF THE INDEPENDENT MONITORING BOARD

<b>BOARD STATISTICS</b>	
Recommended Complement of Board Members	24
Number of Board members at the start of the reporting period	17
Number of Board members at the end of the reporting period	16
Number of new members joining within the reporting period	3
Number of members leaving within the reporting period	4
Total number of Board meetings during the reporting period	12
Total number of visits to the Establishment	1153
Total number of segregation reviews held	79
Total number of segregation reviews attended	79
Date of Annual Team Performance review	27 Nov 12

## APPLICATIONS RECEIVED

Code	Subject	Year 2012	Year 2011	Year 2010	
A	Accommodation	6	21	19	
B	Adjudications	26	5	6	
C	Equality & Diversion (including Religion)	32	24	27	
D	Education/employment/training including IEP	62	32	45	
E1	Family/visits including mail and phone	18	22	20	
E2	Finance and Pay	-	-	-	
F	Food/kitchen related	8	7	10	
G	Health Related	45	54	38	
H1	Property(within current establishment)	95	137 }	107}	
H2	Property(during transfer in another est.)	24	}	}	
H3	Canteen, facilities, catalogue shopping Argos)	4	-	-	
I	Sentence related (including HDC ROTL parole recat etc	116	112	83	
J	Staff/prisoner/detainees concerns including bullying	17	36	34	
K	Transfers	63	81	60	
L	Miscellaneous	136	142	115	
	<b>Total number of IMB Applications</b>	<b>652</b>	<b>673</b>	<b>564</b>	
	<b>Total number of confidential access</b>	<b>63</b>	N/A	N/A	



