



Annual Report of the Independent Monitoring Board at HMP Wakefield

**For reporting year
1 May 2022 to 30 April 2023**

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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 Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP Wakefield is a long-term high security prison for men typically in security categories A and B. It was originally built as a house of correction in 1594. In 1966, the prison was designated as a 'dispersal' prison following the recommendations of the 1966 Mountbatten Report into Prison Escapes and Security. Today, HMP Wakefield is one of 13 'long-term high security estate' (LTHSE) establishments and a main lifer centre with a focus on men convicted of serious sexual offences. The prison roll is circa 740¹ including approximately 150 category A prisoners and no more than 10 category A 'high-risk' prisoners.

There are four residential wings: A, B, C and D. All cells are of single occupancy, except for a small number of accessible cells that contain sufficient space for a prison 'carer' to reside. Prisoners are also held in the healthcare centre, in the segregation unit – on prison Rule 45 (when a prisoner is separated from the rest of the population due to behavioural issues or for their own protection) and a small number of Rule 46 designated cells – and in the close supervision centre (CSC), both being in F wing. The CSC operates under a 'national co-ordinated management strategy' to provide a secure, isolated location for those prisoners who are assessed as consistently and violently disruptive. The main prisoner facilities provided comprise wing kitchens, snooker and pool tables, a gymnasium, a library, external exercise spaces, a chapel, education and workplaces.

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

3. Key points

3.1 Main findings

Safety

- The Board considers HMP Wakefield to be generally safe. However, there were 106 prisoner-on-prisoner assaults in this reporting year (a large increase, from 51, in the last reporting period) and 61 prisoner-on-staff assaults (similar number to previously reported).
- The staffing profile is of concern to the Board: the ongoing prison officer recruitment campaign and associated use of detached duty is leading to a reduction in the number of experienced prison officers at HMP Wakefield.
- The Board considers the establishment to be a relatively calm environment, despite the challenging 'prisoner mix' and changing population profile.
- The physical security of the prison, and associated infrastructure to prevent the use of 'drones', also called unmanned aerial vehicles (which could be used to drop drugs and cell phones in prison yards), within the vicinity of HMP Wakefield, requires attention.

Fair and humane treatment

- In the Board's view, HMP Wakefield provides a regime that is, overall, fair, and humane.
- For prisoners who face mobility problems, the accommodation is not ideal.
- The physical infrastructure, by virtue of its age, presents challenges in maintaining humane living standards for prisoners and working conditions for staff.

Health and wellbeing

- Following intervention by the Board in recent reporting periods, we observed significant improvements in the provision of healthcare at HMP Wakefield.
- We remain concerned by the significant delays in accessing transfers to a secure hospital for prisoners who are in urgent need of mental health treatment.

Progression and resettlement

- HMP Wakefield is not designated as a resettlement establishment, so no such work is carried out on a routine basis.

3.2 Main areas for development

TO THE MINISTER

- We ask the Minister to act in respect of prisoners at HMP Wakefield who are substantially over tariff and subject to the consequences of the now discredited 'sentences of imprisonment for public protection [IPP]' (see Criminal Justice Act 2003). **This is a repeat request from the Board's 2020/21 and 2021/22 annual reports. In one case, a prisoner at HMP Wakefield is circa 14 years 'over tariff' and the matter was raised in**

parliament during the Queen's Speech debate on Preventing Crime and Delivering Justice².

- We ask the Minister to explain how the Government intends to address longstanding and yet unresolved problems with the assessment and transfer of prisoners who present with serious mental health and personality disorders from HMP Wakefield to hospital (section 47, Mental Health Act 1983). **This is a repeated concern that appeared in the Board's 2015-16, 2016-17, 2018-19, 2019-20, 2020-21 and 2021-22 annual reports.**
- We ask the Minister to act in respect of the **substantial security threat posed by the use of unmanned aerial vehicles (UAVs)** in the vicinity of HMP Wakefield. The IMB 2021/22 annual report described how the use of a UAV within the National Air Traffic Services (NATS) Flight Restriction Zone surrounding the prison enabled footage of the prison to be aired on national television. The Board is concerned that no action appears to have been taken against the production company involved.

TO THE PRISON SERVICE

- We repeat the recommendation in the IMB 2020-21 annual report and ask HMPPS to explore the possibility of implementing a **nationally available set of legal resources for prisoners**, including easy access to Prison Service Orders and Instructions.
- The astroturf sports pitch has been unavailable for several years. The pitch provides much needed opportunities for physical exercise. The Board urges HMPPS to **reinstate** the facility as soon as is reasonably practicable. It is, perhaps, worth emphasising that opportunities for prisoners to undertake vigorous exercise are likely to have safety benefits for staff and prisoners alike, including the potential for violence and aggression reduction.
- The Board asks HMPPS to clarify the support provided to the Governing Governor when assessing/selecting staff for '**detached duty**' at other HMPPS establishments.
- Some elements of the prison's **physical security** require immediate improvement.

TO THE GOVERNOR

- **Prisoner property** – we remain concerned that prisoners do not receive 'in possession' property from reception in a timely manner. This causes avoidable frustration on the residential wings for prisoners, staff and IMB members alike.

² [House of Commons: Preventing Crime and Delivering Justice Volume 714. Debated on Wednesday 11 May 2022.](#)

- **Purposeful activity** – we remain concerned that too many men are not meaningfully engaged in education or work opportunities.
- **Key work** – the Board is provided with daily updates on the number of recorded key worker sessions. The Board is grateful to the Governor for the provision of this data. In some limited cases, key workers are providing detailed information on issues relayed to them by prisoners via the case notes on Digital Prison Services (DPS), but do not necessarily follow up on these, resulting in applications to the IMB.

Evidence sections 4 – 7

4. Safety

Without a separate vulnerable person's (VP) unit provision for prisoners who might otherwise be managed separately by virtue of their offence or vulnerability whilst in custody, HMP Wakefield continues, in the Board's view, to provide a fully integrated regime. Thus, the focus on maintaining effective dynamic security is crucial to achieving a decent and humane environment. In more recent times, the population profile has changed, thus placing greater emphasis on the need for intelligence-informed prison management. The care and welfare of the elderly population and their associated health and mobility challenges remain a concern to the Board. However, the Board considers the establishment to be a relatively calm environment, despite its ongoing challenging prisoner mix and changing population profile.

4.1 Reception and induction

- From the Board's observations, the number of late arrivals into reception continues to be minimal. The reception area is routinely staffed until 19:15hrs to allow for late court returns or transfer arrivals. The actual statistics are not recorded, however, outside of this time, when the process is accommodated by other shift prison officers. The Board is satisfied that the arrangements for prisoners entering HMP Wakefield continue to be robust and entail a full search, including the use of an X-ray scanner for examining possessions.
- The Board finds no evidence of inadequacies in the prisoner escort records (e-PERs/PERs). This documentation provides the prison with the relevant up-to-date information that identifies any vulnerability and at-risk indicators with all arrivals. The Board understands that everyone undergoes a healthcare screening and a safer prison induction. They also receive an induction booklet that explains the next steps for integration into the establishment and are offered an opportunity to make a telephone call from their approved contacts list.
- There is no first night unit for new arrivals at HMP Wakefield, so individuals will be located onto a pre-identified wing based on the recorded information received. Established arrangements for peer support are located on each wing through access to prisoner Listeners (prisoners trained by the Samaritans to provide peer support) and safer prison representatives (prisoners who help and support other prisoners with problems) on their arrival. Furthermore, it's reported to the Board that regular observations from healthcare and prison officers are also carried out during these early days.

4.2 Suicide and self-harm, deaths in custody

- During this reporting period, there was a total of 429 incidents of self-harm. This is a slight reduction on the previous two years (444 and 437, respectively) incidents. In 2022-23, the type and method of self-harming was broken down into the following categories: cutting (309), ligature (22), hanging (10), head banging (9), overdose (20), swallowing objects (18), punching (5), wound aggravation (33) and inserting (3).
- There were 272 Assessment, Care in Custody and Teamwork (ACCT) documents opened in the reporting period. These are used to support prisoners at risk of suicide or self-harm. This figure included any re-opening of an individual's documentation. In addition, there was a routine follow-up Q and A

procedure carried out after a six-week post-closure period. In the Board's view, the quality of the documents varied, although management are monitoring this and providing regular training for staff to continue to improve quality.

- Listener call-outs was recorded at 176, covering 54 individuals, which was an average of one call out every two days. Access to the wing landing-based Samaritan phones was still by request, as the in-cell telephony, although currently being rolled out across the establishment in 2023, was not available to prisoners during this period. Listeners and Safer Prisons Reps (prisoners who work to help prevent bullying) are located on each wing.
- There were eight deaths in this reporting period, up from two in the previous reporting year. They were all, apparently, from natural causes. However, some are still currently being investigated by the Prisons and Probation Ombudsman (PPO).
- With regards to any underlying causes of, or patterns in, self-harm or deaths; the recurring trend is around drug use and debt. The Safer Prisons team continues to investigate with regards help and support for prisoners with such problems.

4.3 Violence and violence reduction, self-isolation

- The total number of recorded violent incidents over the reporting period was 167.
- This comprised 106 prisoner-on-prisoner assaults (a large increase from 51 last period) and 61 prisoner-on-staff assaults (similar number previously reported). There were no recorded staff-on-prisoner incidents.
- During this reporting period, the establishment completed a significant data analysis exercise, where it was reported that there were no specific trends in terms of violence. However, the data did indicate the main reason for such assaults was due to retaliation, non-compliance and/or bullying.
- Challenge, Support and Intervention Plans (CSIPs) continue to be initiated for all acts of violence towards staff and prisoners and they were also offered as support for victims. CSIP is also used as an alternative support for prisoners who are backed via the ACCT document. The Safer Prisons team continued to monitor all CSIPs to ensure effectiveness.
- There were aspects of gang activity but this was, and continues to be, monitored by the security department. When intelligence was received about bullying on the wings, it was investigated by the Safer Prisons team, which actioned, supported and monitored the situations.
- There were 16 serious incidents over the 12-month period. All were routinely referred to the police for their further investigation.
- It was reported to the Board that all prisoners who self-isolated were routinely discussed at the Service Incident and Management (SIM) meetings. A mandatory drug test (MDT) approach was initiated for all self-isolators and they received regular contact with the Safer Prisons team, key worker, and their Prison Offender Manager (POM).

4.4 Use of force

- The total number of use of force (UoF) incidents was 237, similar to the previous reporting year. Of these, 165 were recorded as being unplanned.
- The different de-escalation approaches used towards UoF were largely dependent on the nature of the individual incident. The most frequent technique used on the majority of occurrences was through a combination (217 times) of

de-escalation methods. The remaining techniques involved discussion (9) and handcuffs (11).

- The data highlighted that black, Asian and minority ethnic groups (recorded as 'other' and 'mixed ethnicity') were over-represented in UoF incidents, as were those of the Muslim faith. In addition, young adults - those aged 25 and under - were over-represented compared with the general population.
- PAVA spray (a type of pepper spray), when approved, was only drawn twice and used just once.
- Body-worn video cameras were deployed on 237 incidences, of which 182 observations from footage were used in evidence in adjudications or police referrals.
- There were six occasions when the National Tactical Response Group (NTRG), a specialist unit that provides support in high-risk situations, was deployed. This is a reduction, from 11 occasions the previous year.
- There were 29 serious incidents recorded during the 2022-23 reporting year; of these, 11 staff required outside hospitalisation, 16 staff received injuries but did not require outside hospitalisation and two prisoners required outside hospitalisation. There were no reports of prisoner injuries that did not require attending outside hospitalisation.

4.5 Preventing illicit items

- As a category A prison, the searching of 100% of staff and contractors entering the establishment are subjected to specialist equipment such X-ray scanners, metal-detection portals and vehicle-searching equipment. All deliveries to the establishment are made to the adjacent Receiving Incoming Deliveries (RID) unit, which processes all goods through a search process, including X-ray, before it is delivered into the establishment. All mail is searched via the censor's department and is screened by an active drug-detection dog. Visitors, both social and professional, are searched using metal-detection portals/wands and are subject to screening by a passive drug-detection dog, wherever possible. In addition, their possessions are examined using an X-ray scanner.
- Security measures at HMP Wakefield would appear to be generally effective, as the national data and intelligence would suggest that the quantity of illicit substances, drugs and alcohol (hooch) within the prison at any one time is comparatively lower than in other estate establishments. Regarding drug finds, the noticeable trend continues to be that of new psychoactive substances (Spice), predominately in drug-soaked paper.
- The Drug Strategy Team (DST) manages a searching strategy that ensures all category A prisoners are subject to a routine cell search each month (including E-list prisoners, who are assessed as presenting a high risk of escape) and all category B prisoners are subject to a routine cell search every six months. In addition to this, the DST intelligence-led target cell searches are performed as directed by the security department.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

- Several of the showers in the prison had not been working for over two years. During the reporting period, resources have been used to repair these. Prisoners on all landings of the wings can now access working showers. However, the water pressure is not sufficient for the new showers to work at maximum efficiency, so further work to address this is required to make the showers fully effective.
- In the Board's view, the kitchen continues to deliver good provision for the prisoners, despite ongoing challenges. Supply of products has necessitated short notice changes to the menu, but the kitchen explains their difficulties with this issue to the prisoners who understand that the situation is not in control of the prison.
- There have been some issues with the workforce in the kitchen during the reporting period. Some prisoners have lost their jobs due to inappropriate behaviour, so there has been a higher-than-normal turnover of kitchen workers. Additionally, some of the workers are also on educational programmes and some days some sections of the kitchen did not have enough capacity. The kitchen manager and the education provider have come up with a solution to accommodate both educational and work commitments so that neither of these areas are disadvantaged.
- The kitchen manager has implemented various food-safety training packages for kitchen staff, wing-servery workers, the general prison population who cook on the wings and prison officers. The manager is keen for the kitchen workers to make progress and encourages the workforce to gain accredited City & Guilds qualifications in food hygiene.
- The kitchen has been visited by the regional catering manager. The results of this visit were positive, but there was one recommendation to include more fish on the menu, which has now been actioned. Oily fish is now offered on the menu on an additional day.

5.2 Segregation unit

- The segregation unit (known as F-wing) presents a very challenging environment for staff.
- The unit is very busy, often dealing with highly volatile individuals who are, in the Board's view, disruptive and demanding. The delivery of the daily regime for segregated prisoners can be frustrated by staff availability and, in some cases, the willingness of other prisoners to forego elements of their regime.
- Access to showers was inadequate, with only three showers offered a week. The Board observed that prisoners who behaved well were able to collect lunchtime and evening meals from the landing hotplate rather than being served at their door.
- During the reporting year, we observed a reduction in the average amount of time that prisoners have spent in segregated conditions. Nevertheless, we continue to monitor the long-term effects of lengthy stays on the unit, where necessary.
- The Board remains of the view that segregation staff face a significant challenge in managing prisoners who refuse to leave segregation. On occasion, the Board

has felt it necessary to object to further Rule 45 segregation on this basis. We do not think it is acceptable to expect staff at HMP Wakefield to manage these prisoners in the absence of a clear and achievable reintegration strategy.

- The Board continues to observe the 'merry-go-round' of segregation-to-segregation movements.
- The IMB remains concerned about the time taken to address the mental health issues of certain individuals and those who have spent an extraordinary amount of time in segregation.
- The Board monitors most Rule 45 review boards (held fortnightly to consider whether to authorise continued segregation) and is always notified of initial segregation decisions, as required by Prison Service Order 1700.
- The Board usually monitors the quarterly segregation monitoring and review group (SMARG) and offers a written report about our concerns in relation to individual prisoners. The quality of discussion and the presentation of data at SMARG is praiseworthy.
- During the reporting year, the segregation unit housed a particular prisoner who is serving an IPP sentence and who is significantly 'over-tariff' (see 3.2) .

5.3 Close supervision centre

- The Closed Supervision Centre (CSC) continues to operate a highly restricted regime for prisoners who are held under Rule 46.
- Rule 46 provides the authority for prisoners to be held in a CSC. CSC units have been in operation since 1998 and are administered and managed under a national management strategy by the Long-Term High Security Estate (LTHSE).
- Rule 46 prisoners are 'selected' into the CSC system when their behaviour is significantly disruptive, challenging and dangerous to other prisoners and staff on normal location.
- Wakefield CSC is a small, highly supervised unit. This enables an evaluation of individual risk to be undertaken, supplemented by individual work, to reduce the risk of harm and facilitate further progression within the CSC system and an eventual return to normal location.
- The Board has unrestricted access to all Rule 46 prisoners. Some are happy to engage with members during their regular visits to the CSC; others have declared that they do not wish to speak to members of the Board and have indicated this to the IMB. Nevertheless, the Board can observe those prisoners, should it wish to do so, and deal with their written applications (representations to the Board) when received.
- Consistency of regime is a crucial part of the life of a prison. The nature of the Wakefield CSC is such that it benefits from a very predictable and reliable 'operating rhythm'.
- Contrary to reports that regularly appear in the media, the Board can confirm that a 'glass-box' type cell does not exist at HMP Wakefield. All prisoners held in the CSC at HMP Wakefield are housed in a standard Rule 46 cell, the specifications for which are prescribed in the guidance for the operation of CSC.

5.4 Staff and prisoner relationships, key workers

- There has been considerable turbulence in the officer staff cohort during the reporting period. The prison has been required to over-recruit through a recruitment campaign. The actual band 3 officer number designated for HMP

Wakefield is 264, but due to the additional recruitment this is standing at 323. This over recruitment facilitates officers being sent on detached duty to other prisons that are not fully staffed. (Usually, the more experienced officers carry out the detached duties). Additionally, 78 officers have left the service during the reporting period. The staff cohort shows that more than one-third have less than one year's experience. Also, 82 staff are under 25 and have less than two years' service. These facts mean that the body of experience of the officers is considerably less than in previous years.

- Managers have more staff to train, guide and mentor and due to the increased officer numbers, the quality of this support has decreased. This is affecting the prison population adversely. Prisoners are astute at recognising inexperience and tell us - verbally or in applications - that on some occasions they do not feel safe.

5.5 Equality and diversity

- The Board has observed that the prison has good systems in place to address complaints regarding discrimination. Prisoners are involved in sampling the Discrimination Incident Reporting Form (DIRF) judgements, which leads to transparency and confidence in the system by prisoners.
- The total number of DIRFs received during this reporting period was 138. Of these, 92 were returned as 'Not a DIRF' and 24 were withdrawn (by prisoners or by staff). A breakdown of DIRFs can be seen in Annex B (the 2021-2022 figures are shown in brackets for comparison).

5.6 Faith and pastoral support

- Prisoners appear to hold the chaplaincy service in high regard.
- The prison population has representatives from 25 self-identified faith groups (approximately 550 prisoners) and a group that does not identify with any religion (approximately 200 prisoners). The prison chaplaincy staff lost several faith leaders after the Covid-19 pandemic and are still in the process of recruiting. For example, there are no Buddhist, Hindu or Rastafarian chaplains. This has led to the existing chaplaincy team extending their roles to embrace wider aspects of the work in order to meet the needs of the wider faith communities.
- The chaplaincy has been well-supported by the prison management's priorities with the Covid-19 recovery plan. The core, daytime prisoner programme (corporate worship, study modules and social events) has been reinstated, in addition to some evening sessions being re-introduced.
- Prisoner faith forums have been introduced. This gives prisoners a voice. For example, prisoners are invited to evaluate study models delivered by the chaplaincy such as 'Basics of Catholic Beliefs', 'Koranic Recitations' and 'Meditation'. These evaluations then inform the delivery of future modules.

5.7 Incentives schemes

- For the reporting period and as part of the Covid recovery plan, the prison has been able to implement the incentives scheme fully without any mitigations.
- Prisoners have the opportunity to ask questions about the scheme through regular prison forums and wing reviews to support transparency of the process.

5.8 Complaints

- The annual summary of complaints by prisoners totalled 2,856, which was a considerable reduction on the previous 12 months (4,678). The detailed breakdown of the differing complaint analyses between 2009 and 2023 can be seen in Annex B.

5.9 Property

- The handling of prisoners' property both within, and especially between, prisons remains a concern for the Board. Too often prisoners' property goes missing, evidenced by complaints to the prison and applications to the Board. The prison received 505 complaints from prisoners and the IMB dealt with 19 applications about property during the reporting period. The Board members spend a disproportionate amount of time looking into property issues. It is the opinion of the Board that a root and branch overhaul of prisoner property management throughout the prison estate is required.

6. Health and wellbeing

6.1 Healthcare general

- Healthcare services for HMP Wakefield are provided by Practice Plus Group (PPG) and are responsible for in-patient and primary care, mental health and pharmacy services. There are specialist nurses for learning disability, frailty and long-term conditions.
- Sub-contracted services provide a general practitioner, psychiatry, optician, podiatry and radiography. Dentistry is a separately commissioned service provided by Time for Teeth. Programmes are in place for retinal, bowel and abdominal aortic aneurysm screening.
- There were changes in management with a new Head of Healthcare starting in June 2022 and a new Deputy Head of Healthcare in December 2022.
- Healthcare and the Mental Health Service have faced staffing complexities that are not unique to HMP Wakefield. But, given the security clearances required, they have limited scope to use bank/agency staff for backfill compared with prisons not in the LTHSE.
- By April 2023, all departments were almost fully staffed with only two vacancies for registered general nurses.
- A new post was agreed on for a Patient Engagement Lead, who will progress health promotion, develop the role of the prisoner healthcare representatives and improve communication.
- In January 2023, a dedicated team of prison officers was recruited from existing staff for healthcare services. This has had benefits, meaning appointment attendance and medication distribution have improved. Also, the officers on the in-patient unit are a great support to patients, particularly the elderly frail and those suffering from mental health conditions. During the reporting period, there were two deaths in custody where the PPO was critical of healthcare staff. These occurred during the tenure of previous management. The IMB has monitored the action plans by the current management for improvement following these events and believes that they have been carried out satisfactorily.

6.2 Concerns and complaints

- PPG records complaints in a different way to the prison complaints system: they are initially registered as a concern and escalate to a complaint if unresolved at the first stage. Annex B contains the numbers compared with the previous year, which show a decrease.
- Applications to the IMB, where healthcare was the main subject during the same reporting period, were 35 in this reporting period, compared with 64 in the previous reporting period.
- Healthcare-related applications to the IMB are varied, but there have been many regarding the programme to reduce prescribed opiate use and wanting to see a GP and not an advanced nurse practitioner.
- Waiting times for healthcare appointments is another cause for complaint, but the IMB believes they are no worse than in the community. Average waiting times data was not provided, but the longest are shown in Annex B.

6.3 Physical healthcare

In-patient services

- There is an in-patient clinical lead nurse and a dedicated team of nurses and support workers. The healthcare building is newer than the main residential buildings but it is in need of repair, making it difficult to maintain a hygienic environment.
- There has been no sluice for disposal of bed pan contents, etc, for many years, which the IMB has previously reported. Just before this report, a sluice was installed, but it was put next to the sink where the cleaners wash cups and plates for the in-patients. This means it cannot be used, so all such hazardous waste is still taken away in disposal bags.
- The IMB raised concerns regarding patient alarm call bells. These have been improved, making a safer environment for frail patients prone to falls.
- There are 14 cells for in-patients, but the lack of wheelchair-friendly cells on the main wings leads to 'cell blocking' on the in-patient unit by disabled prisoners who do not need any medical care; these prisoners are frustrated by being isolated from the main prison and not being able to access work.
- A member of the IMB visits weekly and patients regularly report that they are very well cared for.

Primary healthcare

- There are two part-time General Practitioners and three Advanced Nurse Practitioners in post. A primary clinical lead manages the Registered Nurses, Associate Nurses and Support Workers. An on-call Senior Nurse carries the "Hotel 5" radio and can attend an emergency within minutes.
- With HMP Wakefield being in the LTHSE, taking prisoners to outside hospitals is difficult.
- The primary healthcare team includes a GP who undertakes minor surgery on site and there are visits by Respiratory and Colorectal consultants.
- Because of the variety of skills, including suturing, spirometry, phlebotomy, ECG recording and the ability to house patients with injuries in the in-patient facility for monitoring, visits to outside hospital are reduced.
- The pharmacy operational manager only had three vacancies for a part-time pharmacist, a pharmacy technician and a dispensing assistant. However, the manager feels that even when fully staffed, funding for an additional technician or more should be commissioned, as they are a very busy department so struggle during times of leave or sickness to provide an efficient and safe service.
- The Board has observed that communication between pharmacy and prison staff has improved, leading to improvements in waiting times at the in-person medicines hatch, which has led to prisoner frustration in the past.
- The IMB monitors the monthly health forum meeting where prisoner representatives have expressed their increased satisfaction in medication delivery.

6.4 Mental health

- The Integrated Mental Health Team (IMHT) comprises The Mental Health Nursing Team and the Recovery Team (Drug and Alcohol Rehabilitation). They work collaboratively but are managed separately.
- During some of the reporting period, the team was understaffed and working at critical staffing levels of, on average, two nurses per shift due to ongoing vacancies and retirements. Other prisons utilise agency or bank staff but because of security clearances needed in LTHSE, this was difficult.
- Given the critical staffing levels, there were challenges to fully meet the service provision. The IMHT prioritised safely managing patients in crisis and those presenting as acutely unwell. This impacted on managing new routine referrals and caseload input. Waiting times for an initial triage appointment peaked at eight weeks. At the end of the reporting period, this was two weeks (with a full team in post).
- Psychiatry provision has remained at one full day per week, and an emergency appointment is reserved each week.
- It's reported that the IMHT has ensured all urgent cases are reviewed within the specified timeframe of 48 hours.
- It's reported that annual health checks have been offered to all eligible patients.
- The aim of the IMHT is to attend all initial ACCT reviews and subsequent reviews where there is a clinical need.
- Mental health staff also attend Segregation and Close Supervision Centre reviews.
- Two new posts were created and filled for Assistant Clinical Psychologists to support the stepped model of providing low-level interventions. They provide one-to-one sessions focusing on psychoeducation and strategies to help manage symptoms of common mental health problems, such as low mood, poor sleep and symptoms of post-traumatic stress disorder.
- The team has overseen 20 hospital access referrals. However, nine of those were rejected.
- Successful referrals can take an average of six months but some considerably longer, from referral to transfer to secure hospital.
- The IMB is becoming increasingly concerned about men who have serious and deteriorating mental health issues being inappropriately housed in HMP Wakefield and, frequently, in segregation.

6.5 Social care

- Testing staff for Covid-19 ceased during the reporting period. However, staff were still required to remain off work if they were Covid-positive until 17 March 2023, when the NHS policy changed: staff could come into work if they had Covid, but would be classed as taking 'normal' sick leave if absent. This is important in the context of a population profile at Wakefield that includes a significant proportion of elderly prisoners who are potentially vulnerable to transmission of the virus.

6.6 Time out of cell, regime

- At the beginning of the reporting period the prison was at Level 4 of Covid Recovery.

- Occasional small Covid outbreaks were managed effectively.
- Moving through the year, exercise, domestics (time spent on personal hygiene or calling family), and association time out of cell increased, according to national and local guidelines.
- Initially, wings were not mixed for exercise and other activities, gradually moving to all four wings being fully mixed. Wing kitchens were one of the last areas to reopen. At the end of the reporting year, prisoners were being offered normal full regime.

6.7 Drug and alcohol rehabilitation

- The Recovery Team collaboratively work with the mental health team and wider healthcare and offer psychosocial interventions to patients on caseload.
- They see all new receptions to advise of the service and what is available to them. If patients agree to come onto the caseload, an assessment is completed and care plan objectives/goals are made.
- The Recovery team uses a person-centred approach to engage patients and offers support regarding substance use, delivering a range of interventions, including in-cell workbooks, group work and one-to-one sessions.
- The IMB has been told that the use of psychoactive substances (an issue that has become an increasing concern across the wider estate during the past few years) – often referred to as 'legal highs', 'Spice' or other brand names – has significantly increased over the year.
- The reasons for this increase are not wholly understood, but the prison believes that the probable causes include the changing population type at Wakefield, a well-controlled prescribed medication regime reducing availability, and simple opportunism, particularly as the pandemic lockdown period ended. The recovery team and security department have had some success in intervening in substance misuse and assisting end users, where this is the more appropriate outcome rather than a purely punitive approach.

7. Progression and resettlement

7.1 Education, library

- Education at HMP Wakefield takes place mainly within one education unit but also in workshop 7 and outreach. Outreach is designed to engage with the most vulnerable and challenging prisoners, usually based in the segregation unit, close supervision centre or healthcare unit. HMP Wakefield has a specialist unit offering support for up to 20 prisoners who are neurodiverse. This is a separate unit on B wing.
- During a typical contract year, education is available on both a full-time and part-time basis (depending on specific courses) and delivered over eight sessions from Monday to Friday, as well as outreach provision.
- All prisoners have access to English and maths sessions, either part-time in education or during outreach sessions on the wings or in the specialised units. ICT (Information and Communication Technologies) is offered from beginner to Level 3. Vocational qualifications are offered in Hospitality and Catering, Business Administration, Business Enterprise and Textiles. There are opportunities for progression to Level 3 in Hospitality and Business Administration and ICT. Courses are also offered in Art, Food Safety, Equality and Diversity, Learning Difficulties and Disabilities (LDD), Information, Advice and Guidance (IAG), Personal Finance, Safeguarding, Mental Health Awareness and IT.
- Initial assessments are completed as part of a face-to-face induction. When learners start their learning programme, a diagnostic introduction to the classroom takes place. Learners complete an introduction assessment to IAG and are introduced to IAG workers on their respective wings to establish positive relationships and support progression. All education pathways have access to the library and the education department supports Turning Pages and Shannon Trust, alongside the library staff.
- The department has a maximum of 80 learner places (including outreach delivery) per week over eight sessions, following the prison's core day timings from Monday to Friday. Morning sessions are 8.15am to 11.45am and afternoon sessions are 2.15pm to 4.45pm.
- The curriculum offered within the establishment is planned in partnership with the Learning and Skills Manager, Governor and Head of Reducing Reoffending. It is reviewed regularly to ensure that it continues to meet the needs of the establishment and the prisoners.
- The breadth of provision ranges from Entry Level to Level 3, with supported progression to study at higher levels through distance learning, including Open University. In 2022-2023 there were 705 enrolments into qualification-based courses, plus a further 283 learners have been supported through non-qualification-based routes.
- Difficulties caused by the Covid pandemic continued to have a run-on effect into the early part of the reporting period, but active steps taken to minimise the ongoing disruption appear to have been successful. This is evidenced by the fact that learners have participated in competitions and prepared work for display. Additionally, 195 learners have enrolled onto courses that support their individual development and which go beyond the academic and vocational curriculum plan.

It is also evidenced by the fact that success rates, which are at 97%, are now higher than in the preceding two years.

7.2 Overall strengths and areas for improvement

Overall strengths:

- Success data across different groups of learners demonstrate that there are no significant achievement gaps. The curriculum offered is ambitious and tailored to meet the needs of the learners and the prison. There is a strong focus on the re-engagement of learning and development skills, particularly those with learning needs.
- In collaboration with tutors, the quality of teaching resources and materials produced by Teaching Assistants (Mentors) is, in the Board's view, good. Work is displayed in the department, promoting an environment that inspires learning and enables the learner to focus on their studies.
- Examples of areas for improvement:
 - Learners starting points in IT are not always accurately assessed.
 - Functional skills achievement, albeit good, is inconsistent.
 - Engagement in enrichment is not always promoted and opportunities to carry out PLP (Personal Learning Plans) reviews are limited.
 - These areas for improvement have been identified by the education provider and have been transferred to the Quality Improvement Plan for action in 2023-2024.

7.3 Offender management, progression

- At the end of the reporting period, there was a backlog of 30 Offender Assessment System (OASys) assessments.
- With current completion rates at circa 40 reviews per month, the reviews in the backlog were due to be completed by late September/early October 2023. This is, however, impacted by receptions into the prison, where these prisoners arrive with outstanding/out-of-date assessments.
- Staffing of OMU, as of May 2023, shows a full complement of 12.5 Probation POMs in post in the prison. There are two prison POMs in post, with a target of 2.5. It is anticipated that a full complement will be achieved in September 2023. As of July 2023, there was a full complement of 1.5 (whole time equivalent) Senior Probation Officers.
- The operation of the Offender Management Model, including POMs, has recently been recognised in the most recent visit by HM Inspectorate of Prisons: the OMU at HMP Wakefield is recognised as delivering a very good service, despite the challenges faced. Full-time staff hold caseloads of circa 60 cases, with part-time staff holding the pro-rata caseloads. Owing to the complex, high-risk nature of the cases and the responsivity needs, work is often task-driven for the purposes of OASys, parole and categorisation reviews. One-to-one work is delivered on a case-by-case basis, as deemed appropriate and necessary by the POM.
- Sentence planning is completed in line with Offender Management in Custody (OMIC) expectations (outside of backlog). Generally, this is every two years for determinate Sentence prisoners and every three years for indeterminate

prisoners. Sentence planning can be, and is, also completed outside of these timeframes, reflective of the prisoners' individual circumstances, e.g. programme completion, parole eligibility, release window and increase/decrease in risk.

- Categorisation and transfers are completed in line with OASys reviews where appropriate. They are completed two weeks prior to the 'deadline date' to allow time for any contingency works. This means nearly all categorisations are completed on time. Category A reports are completed on an annual basis, as required, and recommendations for downgrading are discussed at the Local Advisory Panel (LAP). Transfers continue to take place for progressive purposes, including Offender Personality Disorder (OPD) units and access to interventions. This is very difficult, owing to prison capacity pressures.
- Offender behaviour programmes have access to programmes at Wakefield and the wider prison estate continues to be impacted by staff shortages. Reduced delivery at Wakefield means only those within the priority framework can access programmes. Given the population pressures within the prison estate, moves to access programmes elsewhere are also restricted. This situation will have a long-term impact on prisoners' progression and their motivation to engage.
- With regards to IPP prisoners and those serving life sentences, the OMU oversees this forum, which is held on a quarterly basis. This provides an opportunity to discuss issues pertinent to this cohort of prisoners. OMU also works with the Assessment and Intervention Centre (AIC) to discuss this cohort and ensure provisions are in place for those who require it.
- The department maintains clear links with the National Probation Service for England and Wales (NPS). Cases are identified for early allocation, if deemed necessary, to enable sufficient time for case handovers. All handovers are completed within defined timeframes. OMU continues to engage with the Public Protection Casework Section (PPCS), supporting prisoners to access parole opportunities, providing reports where required and supporting any follow-up actions from paper decisions or oral hearings/outcomes.

7.4 Family contact

- Telephone and mail arrangement prisoners have a personal PIN code for the on-wing telephones, where they can apply for family and friends to be added. This will be easier to access when in-cell telephony is rolled out at the prison.
- There is a dedicated telephone line for booking social visits, which is open Monday and Friday, 9am to midday, and Tuesday to Thursday, 9am to midday and 2pm to 4pm. There is also an online booking system that is available through the Gov.uk website.
- A visitor centre is open before every visit session and is a welcome area for visitors to book in and wait until called into the establishment. There is a limited variety of refreshments and lockers are available for visitors to place valuables and items that may not be allowed into the prison.
- The visitor centre is run by Partners of Prisoners (POPS) and two Operational Support Grade (OSG) staff. There are monthly coffee mornings, chaired by the Operations Governor, where he meets with the visitors and can discuss what is happening in terms of visits in general and the wider family strategy. Guest speakers are invited from different functional areas within the prison, who can offer an overview of their roles. Dates are advertised in the centre, in the visits hall, on the wings and on the Gov.uk website.

- A monthly family day is held where the visits session is extended (10.00am to 3pm), which encourages a more relaxed and social environment. There is a limit of 25 prisoners who can attend and these are selected through applications. There are no restrictions from the incentives scheme status or previous adjudications. Once a prisoner is selected to attend, there is an expectation that they will remain adjudication- and incentives scheme status- free until the visits date. Catering is available for all prisoners and visitors, comprising a buffet of hot and cold foods and snacks. The days are varied and cater for the prison demographic, which includes the over 50s, those serving life sentences, adults, prisoners who are neurodiverse and children. There is access to games and activities. Dates are, again, advertised in the same way as mentioned previously.
- In addition to family days, there are plans to hold various other events, such as a veterans' family day, education celebration events and AIC celebration events. There are further plans to work towards a Care experienced/YA event. It is further planned to re-establish the Storybook Dads, where men can record stories on CD or DVD for their children to listen to, which was closed due to Covid.
- Prisoner and visitors' surveys are carried out on a six-monthly basis to ensure their needs are captured, which has resulted in adjustments to events and a family strategy based on feedback and the data received. Locally, by involvement in the prisoner council and rehab culture team, results have scored well on the recent scoring measures matrix circulated by the Ministry of Justice.

7.5 Resettlement planning

- As this prison is not designated as a resettlement establishment, there is no such work carried out on a routine basis. There is liaison with Community Offender Managers (COMs), as appropriate when cases are in their release window and the prison aims to facilitate/support anything that is required for the purposes of release. Most prisoners released from Wakefield are required to reside in approved premises for a specified period to support risk management. Since July 2022, 10 prisoners have been released: eight at their conditional release date (CRD) and two directed from parole.
- POMs do provide assessments for the purpose of Child Contact assessments for those subject to PPRC (persons posing a risk to children) restrictions. POMs will engage with Children Services for any children subject to any involvement and will provide reports/attend meetings where appropriate.

The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	10
Total number of visits to the establishment	310

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	21	10
B	Discipline, including adjudications, incentives scheme, sanctions	23	16
C	Equality	4	2
D	Purposeful activity, including education, work, training, time out of cell	18	17
E1	Letters, visits, telephones, public protection, restrictions	16	7
E2	Finance, including pay, private monies, spends	16	9
F	Food and kitchens	6	4
G	Health, including physical, mental, social care	64	35
H1	Property within the establishment	13	10
H2	Property during transfer or in another facility	12	9
H3	Canteen, facility list, catalogues	7	5
I	Sentence management, including HDC, ROTL, parole, release dates, re-categorisation	3	5
J	Staff/prisoner concerns, including bullying	40	26
K	Transfers	1	4
L	Miscellaneous	38	24
	Total number of applications	282	183

Annex A

List of service providers

During the reporting period, the following services were supplied by contract:

- Healthcare: Practice Plus Group (PPG)
- Education: Milton Keynes College (MKC)
- Estate maintenance: Amey
- Prisoner transport (for non-category A prisoners): GeoAmey.
- Family support: Partners of Prisoners (POPS)
- Substance misuse treatment provider: Practice Plus Group and Midlands Partnership NHS Foundation Trust

Annex B

Tables and graphs

Total number of DIRFs for 2022-2023, identified in section 5.5 (the 2021-2022 figures are in brackets for comparison)

Equality strand	Number of DIRFs investigated	Returned – not a DIRF	Substantiated	DIRFs withdrawn
Race	47 (56)	26 (35)	13 (15)	10 (3)
Religion/belief	20 (15)	5 (8)	2 (1)	1 (1)
Sexual orientation	4 (5)	2 (0)	0 (2)	0 (1)
Gender	7 (9)	6 (8)	2 (0)	1 (1)
Disability	51 (41)	35 (41)	4 (4)	12 (0)
Age	9 (0)	2 (2)	0 (0)	0 (0)
Not identified	0 (0)	16 (0)	0 (0)	0 (0)
2022-23 totals	138 (126)	92 (94)	21 (22)	24 (6)

Annual summary of complaints by prisoners, identified in section 5.8

	2022 May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 Jan	Feb	Mar	Apr	2022/ 23	2021/ 22
Adjudications	1	3	0	3	1	1	1	4	3	7	3	3	30	62
Bullying	0	2	0	1	0	0	1	0	3	0	2	0	9	13
Canteen	4	6	1	2	1	9	5	8	8	5	2	5	56	103
Catalogue orders	8	9	9	16	5	3	11	8	6	2	2	7	86	151
Complaints system	7	2	4	5	2	7	5	15	9	6	1	3	66	79
Education	0	3	5	0	2	0	2	1	3	5	5	1	27	37
Equalities	8	5	2	1	3	5	3	8	6	13	7	4	65	100
Finance/cash	6	4	2	3	0	10	2	2	7	2	2	0	40	151
Food	9	11	5	1	11	4	3	8	8	14	6	4	84	105
Gym	2	2	7	2	3	0	1	0	5	0	4	2	28	84
Incentives scheme	10	4	12	11	6	9	6	8	16	5	8	3	98	63
Letters/censors	9	10	22	15	17	17	10	18	16	18	16	7	175	199
Library	3	1	2	1	1	0	0	0	0	1	5	1	15	24
Medical/healthcare	6	0	0	0	0	0	0	0	1	0	0	2	9	26
Newspapers/mags	1	0	0	5	2	0	0	2	1	0	0	1	12	40
OASys/OMU	6	13	7	6	10	7	6	10	12	13	10	6	106	181
Off Behave Prog	1	0	2	2	1	1	2	1	1	0	2	3	16	3
Other	0	0	3	2	0	0	0	0	0	0	0	0	5	86
PINs	4	2	5	3	3	4	5	2	6	1	3	4	42	78
Pre-release/ release	0	0	0	0	0	0	0	0	7	1	0	0	8	0
Property	51	44	51	53	44	42	46	37	33	43	31	30	505	537

Psychology	1	5	6	2	11	8	4	3	3	4	2	1	50	52
Public protection	1	0	5	1	1	0	0	0	3	0	1	1	13	16
Re-categorisation	1	2	2	0	2	0	0	0	1	0	0	0	8	11
Reception	0	1	1	1	0	0	0	0	0	0	0	0	3	42
Residential	46	53	45	44	47	55	45	32	67	76	86	33	629	925
Security	11	11	10	8	22	11	10	6	17	12	39	19	176	152
Segregation	0	0	0	1	0	0	0	0	0	0	4	0	5	3
Staff	4	7	8	11	10	7	0	3	10	10	16	12	98	58
Transfer/allocation	2	3	1	4	1	4	3	2	4	4	1	4	33	45
Violence	2	0	0	0	0	0	0	0	0	0	2	0	4	8
Visits	10	3	9	9	7	10	7	5	7	12	6	3	88	66
Work	41	16	27	21	14	23	20	16	16	22	21	16	253	310
DHL	3	2	5	0	0	0	0	0	0	0	0	0	10	0
Chapel	1	0	1	0	0	0	0	0	0	0	0	0	2	0
Safer prisons	0	0	1	0	0	1	0	0	0	0	0	0	2	0
	259	224	260	234	227	238	198	199	279	276	287	175	2,856	4,678

Concerns and complaints compared with the previous year, referred to in section 6.2

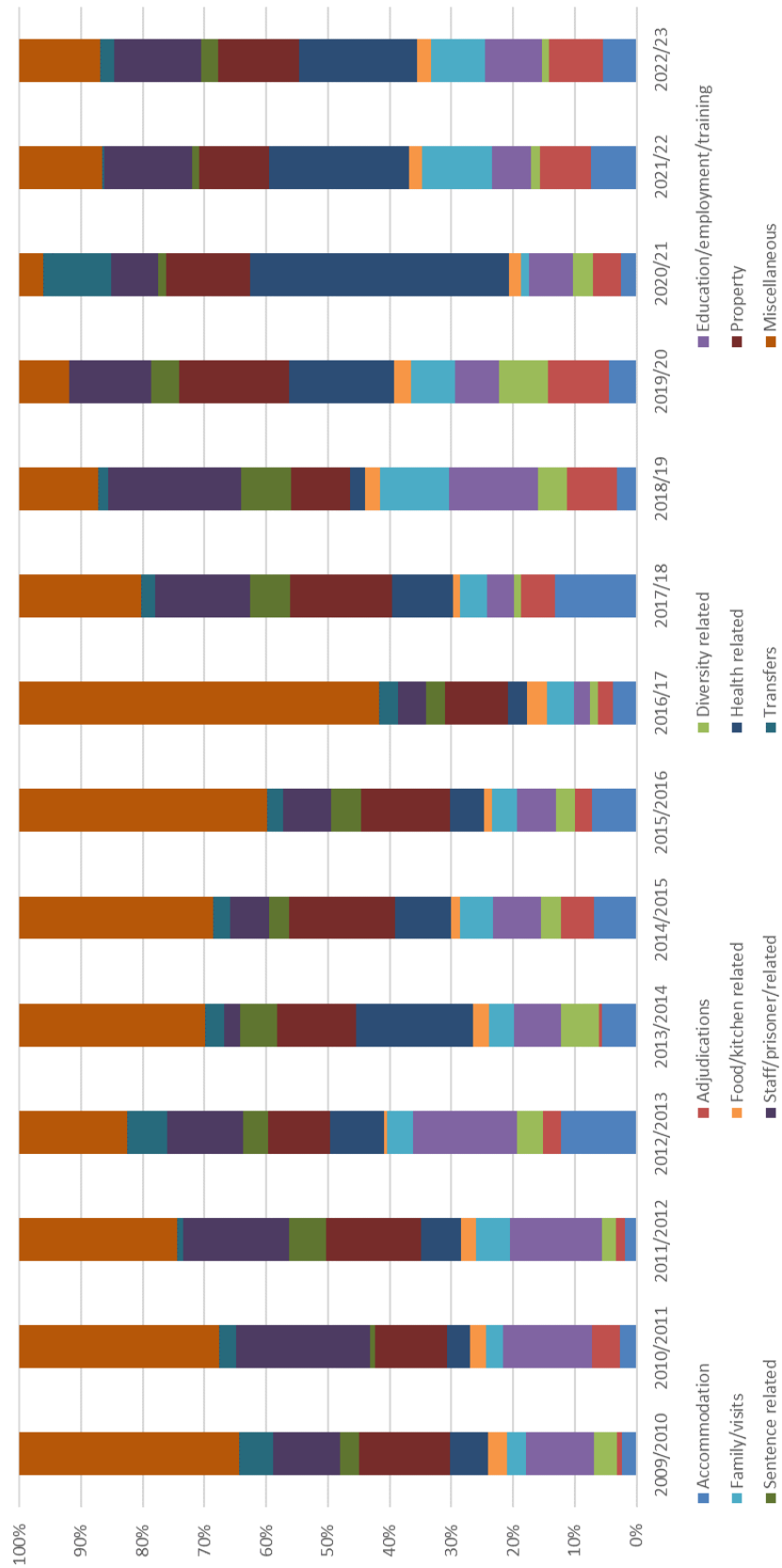
	2021 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022 Jan	Feb	Mar	Total
Concerns	61	53	72	78	82	68	52	59	92	80	68	103	868
Complaints	23	16	23	14	10	6	7	12	14	7	11	15	158

	2022 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 Jan	Feb	Mar	Total
Concerns	102	77	39	39	70	37	23	24	16	25	17	32	501
Complaints	0	0	4	1	9	3	8	3	2	4	2	1	37

Longest appointment waiting times, identified in section 6.2

Longest wait (in weeks)	2022 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 Jan	Feb	Mar
Dental	12	16	21	25	15	18	18	22	26	28	33	38
Optician	13	5	2	1.5	3	6	10	7	6	7	12	4.5
Physio	10	15	19	23	9	13	6	9	14	15	6	10
Podiatry	25	25	28	29	30	6	10	5	6	10	13	17
GP	9	12	10	14	5	14	6	6	7	2	2	5
X-ray/ ultrasound	3	3	3	3	2	3	1	2	3	3	2	2

An analysis of applications to the Board from 2009 to 2023





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