

# **Annual Report of the Independent Monitoring Board at HMP Wakefield**

**For reporting year  
1 May 2023 to 30 April 2024**

**Published February 2025**

# Contents

<b>Introductory sections 1 – 3</b>	<b>Page</b>
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Executive summary	5
 <b>Evidence sections 4 – 7</b>	
4. Safety	8
5. Humane treatment	12
6. Health and wellbeing	17
7. Progression and resettlement	23
 <b>The work of the IMB</b>	
Board statistics	28
Applications to the IMB	28

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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 perform these duties effectively, its members have right of access to every prisoner and every part of the prison and 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 conduct visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

## **2. Description of the establishment**

HMP 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 sex offenders. The prison roll is around 740, including, approximately, 150 category A and no more than ten category A 'high-risk' prisoners<sup>1</sup>.

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 (HCC), the segregation unit – on prison rule 45 (removal of association) and a small number of rule 46 designated cells – and the close supervision centre (CSC) on rule 46, both of which are on F wing. The CSC operates under a 'national co-ordinated management strategy' to provide a secure, isolated location for prisoners assessed as consistently and violently disruptive. The main prisoner facilities provided comprise wing kitchens, snooker and pool tables, a gym, a library, an external exercise area and sports field, a chapel, education spaces and a selection of workplaces. During the reporting period, the following services are supplied by contract: healthcare services are provided by the Practice Plus Group; education provision by Milton Keynes College; maintenance is delivered under contract to Amey; and prisoner transport (for non-category A prisoners) is provided by GeoAmey.

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

### **3. Key points**

#### **Background to the report**

This report draws on a broad range of evidence gathered through the monitoring routines described in the National Monitoring Framework.

During the reporting period, the Board exercised its right to notify the Minister of State due to our concerns for the mental health of a prisoner held at HMP Wakefield, and for the welfare of staff responsible for his day-to-day care.

#### **3.1 Main findings**

##### **Safety**

- In previous reports, we have described HMP Wakefield as ‘generally safe’. However, there were 136 prisoner-on-prisoner assaults in the reporting year (a 28% increase from 106 in the last reporting period) and 136 prisoner-on-staff assaults (a 123% increase on the previous year). Therefore, we deem the prison to be ‘less safe’ than in previous annual reporting periods.
- The Board continues to be concerned about staffing profiles: 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. Furthermore, we believe that the inability of the Governing Governor to oversee the recruitment of band 3 officer grades is unwise.
- The Board continues to be very concerned about the security of the prison, notably the physical infrastructure, which now requires **urgent** improvement.

##### **Fair and humane treatment**

- In the Board’s view, HMP Wakefield continues to provide a regime that is, overall, fair and humane.
- As highlighted in our previous report, the age and condition of the residential accommodation invariably affects the ability of prisoners with mobility issues to access a full regime.
- The physical infrastructure, by virtue of its age, presents challenges in maintaining humane living standards for prisoners and working conditions for staff. This is particularly the case in situations where prisoners experience mental health crises and are unable to be transferred to secure hospital in an expedient fashion.

##### **Health and wellbeing**

- We are satisfied with the continuous improvements in the provision of healthcare at HMP Wakefield.
- We continue to be very concerned about 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

- When will the Minister act in respect of prisoners at HMP Wakefield who are substantially over tariff and subject to the consequences of the now discredited and abolished IPP sentences of imprisonment for public protection (see Criminal Justice Act 2003)?

*This is a repeat request from the Board's 2020-2021, 2021-2022 and 2022-2023 annual reports. In one case, a prisoner at HMP Wakefield is around 15 years 'over tariff'.*

- Can the Minister 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 annual reports from 2015-2016 to 2022-2023.*

#### TO THE PRISON SERVICE

- The procedures to ensure the safety of staff working in the close supervision centre (prison rule 46) **must be strengthened immediately**.
- The astroturf sports pitch remains unavailable and has been so for several years. The Board urges HMPPS to prioritise the **reinstatement** of the facility as soon as is reasonably practicable. 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.

*This is a repeat request from the Board's 2022-2023 annual report.*

- The Board is **very dissatisfied** with the lack of progress in upgrading the **physical security** of the prison. It requires immediate improvement.

*This is a repeat request from the Board's 2022-2023 annual report.*

#### TO THE GOVERNOR

- Prisoner property: we remain concerned that prisoners do not receive 'in possession' property from reception in a timely manner. We ask the Governing Governor to clarify what action is being taken address this. Property delays lead to frustration on the residential wings for prisoners, staff and IMB members alike.

*This is a repeat request from the Board's 2022-2023 annual report.*

- Purposeful activity: we remain concerned that too many prisoners are not meaningfully engaged in education or work opportunities. We ask the Governing Governor to clarify what action is being taken address this.

*This is a repeat request from the Board's 202-2023 annual report.*

- Key work: the Board continues to receive daily updates on the number of recorded key worker sessions from the Governing Governor. We continue to see evidence of key work sessions not being fulfilled due to operational reasons. We ask the Governing Governor to clarify what action is being taken address this.

### **3.3 Progress since the last report**

It is the view of the Board that insufficient progress is being made to address our ongoing concerns in respect of Section 47 (Mental Health Act) transfers.

During the reporting year, the Board monitored a very distressing and prolonged set of circumstances involving a prisoner who should have been transferred to a secure hospital in expeditious fashion, but wasn't (he is referred to by the pseudonym 'Prisoner A' in this report). The decline in Prisoner A's mental and physical health was upsetting for IMB members to observe and was exacerbated by the conditions of custody that were implemented to ensure his safety. On many occasions, staff (and members of the Board) were subject to physical and verbal abuse whilst attempting to carry out their duties. Weekly monitoring of the prisoner became incredibly challenging and our attempts were, on some occasions, futile and sometimes distressing for Prisoner A. The prisoner was eventually transferred to a high-security hospital in April 2024.

Notwithstanding the challenges faced by staff as a consequence of Prisoner A's mental and physical health, we witnessed some extraordinary acts of compassion by staff, notably his key worker. Elsewhere in this report, we raise our concerns about the frequency of key work at Wakefield. However, in this specific case, we observed interventions that were outstanding and could only have been achieved with the highest standards of professionalism and courage.

We are satisfied that the many acts of 'jail-craft' practised by staff ensured that Prisoner A was (belatedly) able to access the healthcare that he so desperately needed.

## **4. Evidence sections 4 – 7**

### **4. Safety**

There is no separate provision for what may be termed ‘vulnerable persons’ at HMP Wakefield; it is common in other establishments to expect provision for prisoners who might otherwise be managed by virtue of their offence or vulnerability whilst in custody. To provide a fully integrated regime, the focus at HMP Wakefield lies in maintaining an effective ‘dynamic security’ regime as an enabler of a decent and humane environment.

#### **4.1 Reception and induction**

The number of arrivals into reception has slightly increased by approximately 10% on the previous reporting period, but remains relatively low in comparison with other similar establishments. On weekdays, the reception area is routinely staffed until 7pm to allow for late court returns or transfer arrivals. Outside of these hours and at weekends, the process is accommodated by ‘shift’ prison officers who are familiar with the process.

On arrival, all prisoners are screened by healthcare staff in the reception building. Any immediate issue with substance misuse, when identified, results in a referral to the ‘recovery services’. All new prisoners are subject to a mandatory drug test (MDT) and a full body search, including the use of an X-ray scanner for examining possessions. Their property is searched by the dedicated search team (DST) and trained dogs.

The Board found no evidence of any shortfalls in the prisoner escort records (ePERs/PERs), which remain in both an electronic and a paper format. New arrivals are offered an opportunity to make a phone call from their approved contacts list. A safer prison induction and an induction booklet, which explains the next steps for integration into the establishment through work and/or education, are given to prisoners.

Without the provision of a dedicated first night/early days unit, there are established arrangements for peer support located on each wing. Access to prisoner Listeners (trained by the Samaritans to provide peer support) and safer prison representatives is explained on their arrival. In addition, a wing-based induction is provided. Regular observations from healthcare and prison officers are carried out during these early days of custody.

#### **4.2 Suicide and self-harm, deaths in custody**

The number of assessment, care in custody and teamwork (ACCT) plans (used to support prisoners at risk of self-harm and suicide) opened and re-opened in the prison vastly increased to 492 this year, compared with 272 last year (an 81% increase); it is worth noting that most ACCTs are opened in reception.

Self-harm incidents are recorded as having increased substantially, to 665 from 429 last year (a 55% increase). The incidents are attributed to 100 individuals, the majority of whom are prolific ‘self-harmers’. Cutting remains the most common form of self-harm. However, over the last quarter of the reporting period, a reduction in self-harm was noted, most probably due to the introduction of electric razors.



Regular 'refresher' training continues to be rolled out across the staff base. An overall assessment of the documentation seen by the Board indicates to us that ACCT documentation is mainly of a good standard.

Trained wing-based prisoner Listener's call outs to other prisoners have declined, most probably because of the introduction of the in-cell phones.

There were five deaths in custody during the reporting year. One death was, apparently, unnatural, whereas it is suspected that the other four were due to natural causes. In all cases, the Coroners' court conclusions are awaited.

#### **4.3 Violence and violence reduction, self-isolation**

The total number of recorded violent incidents over the reporting period was 272 incidents, up from 167 last year (63% increase). There were 136 incidents of prisoner-on-prisoner violence, 24 of which were categorised as being of a serious nature. The main drivers appear to have been related to drugs and debt within the establishment.

There were 136 occurrences recorded of prisoner-on-staff violence, the majority of which have been documented as spitting or throwing liquids. There were 12 incidents of a serious nature on staff, including two members being stabbed with a bladed weapon within the close supervision centre (CSC).

The challenge, support and intervention plan (CSIP) process continued to be used as a violence reduction strategy. There were 93 CSIP referrals recorded for violence and support.

Bullying is managed via an interdisciplinary approach. Gang activity is a concern and support is offered to victims by the safer prisons team and is managed at wing level via CSIP and ACCT procedures.

Managing and supporting vulnerable prisoners is discussed at the safety intervention meeting (SIM) on a weekly basis. Strategies are identified via mandatory drug tests to minimise risk to these individuals. Prisoners with underlying medical conditions are supported by the equality department, the neurodiversity support manager and social workers, managed by Wakefield Council, who identify any specific needs required.

Safeguarding procedures are managed by the public protection team. Also, the head of safety attends a local authority MDT meeting to discuss safeguarding issues within the establishment.

#### **4.4 Use of force**

The total number of use of force (UoF) incidents was 504, more than double the previous year. Of these, 229 (45%) were recorded as being unplanned. A number of de-escalation techniques continue to be used to prevent UoF having to be utilised in order to maintain discipline and ensure that any force was reasonable and proportionate. The peak time for such incidents was between 9am and 11am.

The data highlighted that the primary reason for such interventions was: to prevent harm/assaults on other prisoners (194), to prevent harm/assaults on staff (72), a refusal to relocate (56), and risk-reduction applications (47). The majority of these incidents were recorded as involving white and mixed-heritage groups and those of

the Muslim or Christian faiths. In addition, younger adults - those aged 35 and under - were also over-represented compared with the general population.

Batons were drawn on 12 occasions, but only used in three incidents. The drawing of PAVA incapacitant spray totalled 23, but it was only used 11 times. There was no recorded use of body-belt restraints.

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 the same as in the previous period.

A total of 3099 cell searches were performed throughout the reporting period, with 144 being targeted on the basis of intelligence gathered by the security department.

An IMB member regularly observes the two-monthly safer prisons meeting. From the evidence provided, it is considered that use of force was reasonable and proportionate.

#### 4.5 Preventing illicit items

The availability and trend of drug misuse in the prison would appear to be consistent in regard to the use of synthetic cannabinoids, with positive searches attributed nearly every month. Underlying patterns would suggest that synthetic cannabinoids are the most popular substance within the establishment, being linked to 75% of all positive drug test results. There is also some evidence about the abuse, exchange or selling of prescribed medication being an issue evidenced in the MDT monthly figures. The impact of drug debts causes instability within the establishment and is likely linked to assaults on other prisoners and, in some situations, staff.

Table 1, below, shows the availability and trends of drugs within the prison. The performance target for mandatory drug testing to be completed every month was achieved. The remaining tests are broken down as suspicion tests, reception tests and frequent testing.

**Table 1: Substance misuse - all tests**

Month 2023-2024	Completed	Refused	Failed to provide
May	76	7	1
June	68	3	0
July	58	8	1
August	69	6	0
September	55	2	0
October	56	9	1
November	54	4	0
December	54	6	0
January	62	5	1
February	48	5	0
March	43	0	0
<b>Total</b>	<b>643</b>	<b>55</b>	<b>4</b>

Other positive results evidenced intermittent finds for gabapentin, benzodiazepine, pregabalin, codeine, buprenorphine, cannabis, amphetamines, opiates, methadone and dihydrocodeine.

Most illicit drug use involves synthetic opioids. Alcohol remains a constant threat, with patterns tending to spike in the manufacture of fermenting liquids around calendar events, such as Christmas, New Year and major sporting events, including football tournaments. Anyone found under the influence is always referred to a healthcare professional for assessment.

Evidence would suggest that the increased illicit manufacture in the prison of fermenting liquids would indicate a reduced supply of alternatives such as psychoactive substances.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

During the reporting period, 46 prisoners were employed in the kitchen. There has been a higher-than-average turnover of the prison workforce this year, mainly due to poor prisoner behaviour.

The kitchen has provided food safety training for the workforce and the staff, which included allergen training for all individuals working in the kitchen and Level 3 hazard analysis and critical control points (HACCP) for staff.

The kitchen has experienced long-standing difficulties with the fryers. For a large part of the year, five or six of the fryers were broken. This impacted the food offering provided by the kitchen; the cooking of chips was particularly problematic, much to the frustration of prisoners and staff alike. Mitigation in the form of rota basis was implemented to ensure that at least one wing per week was provided with an option for chips. The Board was made aware of an incident where a prisoner increased the temperature of a fryer beyond the correct level, resulting in the outbreak of a fire. It was only because of the extremely quick action by staff that a major incident was averted.

The kitchen has coped well with everyday issues such as substitutions to their orders or deliveries arriving late. This year, the kitchen received compliments from those prisoners who received special food provision, made in-house, for Ramadan. However, Passover boxes (sourced from outside the prison) did not contain any meat, featuring only fish or vegetables, which prisoners found disappointing.

### **5.2 Segregation, close supervision centre (CSC), special accommodation**

The care and separation unit (CSU), on F wing, where prisoners are segregated, continues to be busy, often operating at full capacity (or near to it). The population in the CSU includes those who have a pattern of violent behaviour towards staff and other prisoners whilst in custody and may have been transferred into HMP Wakefield on a 'seg-to-seg' transfer. In previous annual reports, we have criticised what is often termed the 'merry-go-round' and challenged HM Prison and Probation Service (HMPPS) to seek alternative solutions. It is reassuring to note that the prevalence of 'seg-to-seg' transfers is declining and that, at Wakefield, there is strong evidence of successful reintegration (into the main prison population) in the cases of some prisoners who have spent considerable amounts of time in segregated conditions.

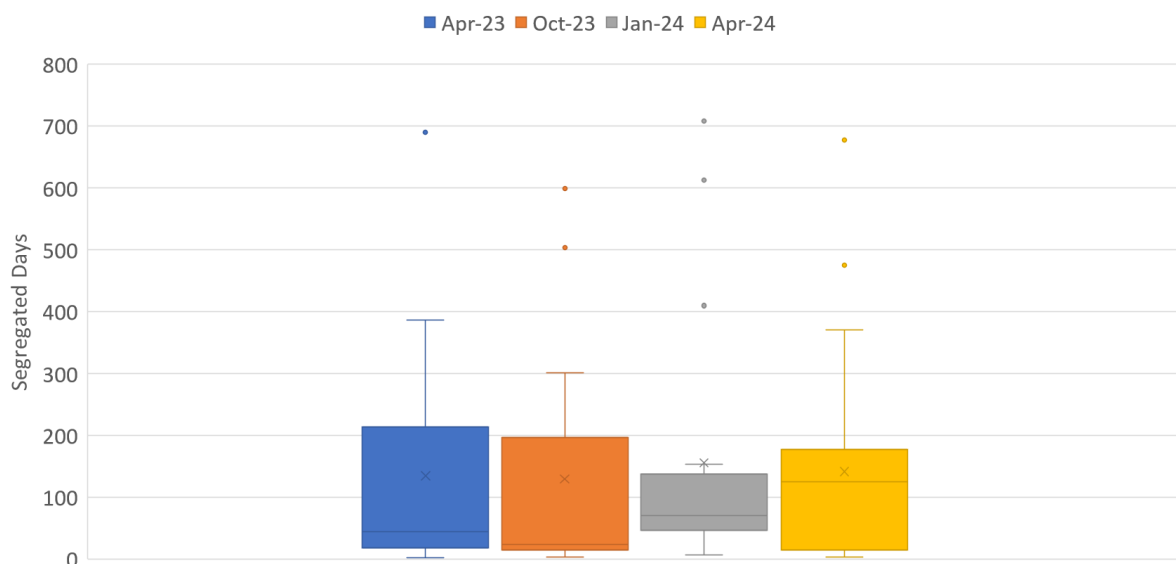
When operating at full capacity, it can be challenging to deliver the regime, particularly when highly disruptive and volatile prisoners are located in the CSU. On some occasions, staff rely on some prisoners to decline aspects of their regime in order to facilitate a regime for other prisoners (e.g. access to the phone, exercise yard, etc).

The Board regularly interacts with segregated prisoners who refuse to locate in the main prison population because of their perceptions of the index offences.

The physical condition of F-wing is poor and has been for some considerable time. Cellular accommodation is often subject to damage and the consequences of a 'dirty protest'. Natural ventilation and light is poor, the effects of which are acutely felt in the summer months, when temperatures on the wing can be very uncomfortable.

During the reporting year, the Board provided independent quarterly monitoring reports to the segregation monitoring and review group (SMARG); our analysis (Fig 1) shows that there is a relatively stable distribution of segregated days (indicated by the interquartile range). The averages for April 2023, October 2023, January 2024 and April 2024 are 135, 129, 147, 131, respectively, but these figures are skewed by the outliers, which are denoted by the small dots in Fig 1.

**Fig 1: Distribution of cumulative segregated days by prisoner per quarter**



The close supervision centre (CSC) remains ‘centrally managed’ by HMPPS, but is staffed by HMP Wakefield. In contrast to the main segregation unit, the CSC is relatively calm and benefits from a stable and consistent regime. However, the dangers posed to staff were brought into sharp focus when two officers were attacked by a rule 46 prisoner (which allows for the most disruptive, challenging and dangerous prisoners to be managed in a small and highly supervised unit) who was in possession of a bladed object. It is crucial that lessons are learned from this incident and that the protocols to ensure safety of staff are improved where required.

Special accommodation cells, where items such as furniture, bedding and sanitation are removed in the interests of safety, are used on occasion and for strictly time-limited periods. The prison must adhere to the decision-making protocol for use of special accommodation, including notification to the Board.

### 5.3 Staff and prisoner relationships, key workers

Overall, there has been a reduction in churn amongst the staff profile when compared with the previous reporting year. HMP Wakefield has, again, been required to over-recruit, taking on an additional 60 band 3 officers. However, due to resignations/retirements/dismissals/promotions, there are 34 officers above designated numbers. The prison is required to send any officers above 95% to other prisons on detached duty. As of March 2024, there were approximately 35 staff working elsewhere on detached duty. Last year, the additional staffing placed pressure on managers when mentoring their teams. This year, the prison has addressed this issue by providing more managers and a more equitable redistribution of team numbers. This helps ensure that staff receive better mentoring, support and training. As of March 2024, 95% of staff have up-to-date SPEAR

(spontaneous protection enabling accelerated response) and PAVA (a synthetic pepper spray) training, 87% have C&R (control and response) and 85% RPE (respiratory protective equipment) training.

Of 293 officers, 103 have less than two years' service, of whom 28 are under the age of 25. The body of experience of the officers is lower than that of last year (and considerably lower than the year before that). New recruits are developing their 'jail-craft' skills but lack experience in dealing with the challenges that can be presented to them by some prisoners. This can result in some prisoners saying they do not feel safe.

There have been two extremely serious attacks on prison officers, and staff sickness, due to trauma, injury and mental health issues linked to these incidents, has affected the workforce. As of March 2024, there were 20 officers on sick leave, five of which were related to these violent attacks. It looks likely that one person will never return to HM Prison Service, while six others took leave as a result but have since returned. This has impacted the regime for prisoners. For example, key worker and library sessions are cancelled regularly due to low staffing levels. The keyworker sessions are an important part of maintaining good relationships between the prisoners and staff. All prisoners are allocated a key worker. The key work scheme help support prisoners to live useful lives in custody and to address offending behaviour, reducing risk in preparation for release. It supports and feeds into a variety of other services provided at HMP Wakefield. Reducing key worker sessions impacts negatively on prisoners' wellbeing. Provision of key work has been challenging, due to competing resource priorities. An increase in staff absences, prisoners managed under rule 45 and other operational issues have impacted delivery of key worker sessions.

**Table 2: Recorded number of key worker sessions delivered, 1 May 2023 to 31 March 2024**

	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Recorded key worker sessions</b>	997	820	968	839	820	824	937	747	762	574	480

## 5.4 Equality and diversity

The total number of discrimination incident reporting forms (DIRFs) received from 1 May 2023 to 31 March 2024 was 232. Of these, 101 were returned as 'not a DIRF' and 12 were withdrawn (by prisoners or staff). This left 119 DIRFs to be investigated (Table 3). This year, the total number of DIRFs substantiated was broadly similar to that of the previous reporting year, being in the low 20s. However, over half of the substantiated DIRFs were in relation to race. The prison has taken action to address this and, where appropriate, both prisoners and staff members have attended equality training. The prison has also introduced cultural training forums, largely led by prisoners. This has, so far, been delivered to the prison's senior management team; from April 2024, it will be rolled out to other areas of the prison.

**Table 3: Analysis of DIRFs by protected characteristic**

DIRF equality strand	No. investigated	No. substantiated
Race	45	13
Religion/belief	25	1
Sexual orientation	6	2
Gender	4	1
Disability	39	6
Age	0	0
Not identified	0	0
<b>Total</b>	<b>119</b>	<b>23</b>

### 5.5 Faith and pastoral support

Those prisoners who have expressed a view on the chaplaincy service tend to hold it in high regard.

The chaplaincy area has undergone painting and decorating during the reporting period. This was taken as an opportunity to make the spaces more welcoming to everyone who uses them. Feedback from prisoners has, therefore, been positive.

This year the chaplaincy has consolidated the work of the previous year in offering provision in line with that offered pre-Covid.

In addition to daytime worship sessions covering most faiths, an evening programme has been established and includes weekly gatherings covering Bible study, non-religious 'meet and chill' sessions and choir practice, as well as visitors from local parishes for Bible reading sessions.

The chaplaincy also provides education groups, which include all faiths in workshops or meditation sessions.

This year, all faiths had at least several special faith events (which were also open to prisoners of other faiths). These included celebrations for Diwali, Hanukkah, a pagan Yule event, Christmas and a holocaust memorial event. Plans are to make these more high-profile in the future.

This year, there has been an increase in violence within the prison, which has affected the workload of the chaplaincy members, as more time has been spent supporting prisoners and staff. Chaplains take a planned approach to being on the wings, visible and available.

### 5.6 Incentives scheme

Prisoner numbers within the different levels of the incentives scheme have remained fairly stable throughout the reporting year. Table 4 shows the percentages of prisoners on the different levels.

**Table 4: Snapshot of incentives scheme levels at HMP Wakefield, April 2024**

Level	Percentage of prisoners
<b>Basic</b>	6%
<b>Standard</b>	29%
<b>Enhanced</b>	65%

## 5.7 Complaints

A total of 2644 complaints were received, broken down into the following categories.

Complaints data																	
Other		7		Safer Prisons		0											
Off Behave Program		14		Chapel		0											
OASys / OMU		90		DHL		5											
Newspapers / Mag's		10		Work		224											
Medical / Healthcare		1		Visits		70											
Library		16		Violence		1											
Letters / Censors		108		Transfer / Allocation		26											
IEP		86		Staff		77											
Gym		33		Segregation		83											
Food		84		Security		103											
Finance / Cash		62		Residential		711											
Equalities		76		Reception		12											
Education		32		Re-Categorisation		8											
Complaints System		47		Public Protection		17											
Catalogue Orders		70		Psychology		21											
Canteen		60		Property		423											
Bullying		3		Pre-Release / Release		1											
Adjudications		28		PINs		35											

## 5.8 Property

Whilst the new Prisoners' Property Policy Framework has been introduced across the Prison Service, the Board's view is that it has made little difference to the lives of prisoners.

Transfers to other prisons and cell moves are common antecedents to property complaints received by the Board. Prisoners become frustrated with the late arrival of property or, in some cases, property not arriving at all. This can manifest in anger, frustration and, sometimes, violence towards staff. In cases where property is lost and never recovered, the prisoner has to claim compensation from the Prison Service. This is never a satisfactory outcome and is, in our view, a waste of public resources. This risk is exacerbated by the policy of allowing prisoners to wear clothing of their choice; on occasion, we have encountered prisoners who are happy to disclose the cost of their footwear, particularly training shoes, which are often in excess of £100. This year, the prison received 423 complaints about property.



## **6. Health and wellbeing**

### **6.1 Healthcare general**

Healthcare services for HMP Wakefield are provided by the Practice Plus Group (PPG), which is responsible for in-patient and primary care, as well as mental health and pharmacy services. They employ GPs, advanced nurse practitioners (ANP), nurses who specialise in learning disabilities, long-term health conditions, sexual health and substance misuse, and physiotherapists and podiatrists.

PPG's sub-contracted services include psychiatry, optometry, 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. An MRI scanner attends, when needed, and approximately 50 scans were performed on site during the reporting year, which avoids expensive transfers to hospital.

The Board believe that waiting times for non-urgent appointments are comparable with those in the local community.

The healthcare centre (HCC) 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 that are not in the long-term high security estate (LTHSE).

A dedicated team of prison officers work with healthcare services in the main residence wings and the separate in-patient unit. This has had benefits, meaning appointment attendance and medication distribution have, on the whole, improved, although appointments are sometimes missed due to communication issues.

From the Board's observations, the officers on the in-patient unit are a great support to patients, particularly those who are elderly and/or frail and prisoners with mental health conditions.

Any deaths in custody where the Prisons and Probation Ombudsman (PPO) have made recommendations have been monitored by the IMB that the appropriate actions have been taken.

#### **Primary healthcare**

There are two part-time GPs and two advanced nurse practitioners in post. A primary clinical lead manages the registered nurses, associate nurses and support workers. A senior nurse carries an on-call radio and can attend an emergency within minutes. There are visits by respiratory and colorectal consultants.

As HMP Wakefield is in the LTHSE, taking prisoners to outside hospitals can be problematical. Because of the variety of skills, including suturing, burns treatment, spirometry, phlebotomy, ECG recording, administration of intravenous antibiotics and the ability to house patients with injuries in the in-patient facility for monitoring, the number of visits to hospitals has been reduced.

## **Pharmacy services**

Since experiencing a really difficult time a couple of years ago, the pharmacy staff are now an experienced and hard-working team, maintaining a high level of service, which prisoners at the healthcare forum have attested to. The service is mostly fully staffed.

Pharmacy staff have been proactive and efficient in monitoring medication needs and ordering these in a very timely manner. This means that they have not seen the problems with supply shortages that have been experienced in the general community.

Since last year's annual report, the pharmacy team has taken over all medications' administration in the CSU and the continuity of staffing seems to be working efficiently.

All residential wing medications are now administered and managed from the central treatment hatches, which has made medication rounds run much more efficiently. During its observations, the IMB has seen the improvement in medication distribution, which had been a problem previously.

From the Board's observations, the working relationships and communication between discipline and pharmacy staff are, mainly, good. Occasionally, the pharmacy manager needs to send out a notice to patients and staff when patients are turning up for in-person medication at the wrong time because information has not been cascaded correctly.

The pharmacy manager requested an air conditioning unit last October, which they are still waiting for in the dispensing area. This is not only for the comfort of staff but, more importantly, it is needed to keep the stored medications at an appropriate temperature. The IMB will monitor this.

The long-planned pharmacy shop, which would allow prisoners to purchase toiletries and basic medical supplies, is still a work in progress.

## **Concerns and complaints**

PPG records complaints in a different way to the prison complaints system: they are initially registered as a concern and escalated to a complaint if unresolved at the first stage.

- Concerns during the current reporting year: 288
- Concerns during the previous reporting year: 501
- Top three concerns: healthcare general; pharmacy; nursing
- Complaints during the current reporting year: 38
- Complaints during the previous reporting year: 37
- Top three complaints: clinical treatment; complaint handling; written communication.

Applications (prisoners' written representations) to the IMB, where healthcare was the main subject during the same reporting period, were 13 in this reporting period, compared with 35 in the previous reporting period. The applications were varied and showed no particular trend.

## **6.2 Physical healthcare**

The in-patient unit has 14 cells, one of which is occupied by the resident cleaner.

This unit is only contracted to accept patients with physical health needs, but it is frequently used for vulnerable prisoners and also patients with severe mental health needs who have been referred to secure hospitals but wait months for transfer.

The IMB would like to commend the healthcare and prison staff working on the in-patient unit in regard to a particularly disturbed patient, who was on the unit for almost the entire reporting period. Although he regularly assaulted staff, they continued to care for him in a compassionate and humane manner.

The lack of wheelchair-friendly cells on the main wings means that in-patient cells are also used, inappropriately, by disabled prisoners who do not need any medical care.

There is an end-of life suite and a local hospice has developed, in conjunction with PPG, a bespoke training programme on end-of-life care for healthcare staff and officers. Registered nurses are now trained to verify death. This means that, where a death is expected, the healthcare centre no longer has to wait lengthy periods for verification from a paramedic or doctor. There is an in-patient clinical lead nurse and a dedicated team of nurses, support workers and officers.

The healthcare building is newer than the main residential buildings. Although some improvements have been made, some areas are still in need of need of repair, making it difficult to maintain a hygienic environment.

A member of the IMB visits the healthcare centre weekly and patients regularly report that they are very well cared for.

A long-awaited dedicated outside space was opened for patients to use, with a dovecote and raised beds for patients to be able to enjoy gardening. All equipment was made in the on-site prison workshops.

## **6.3 Mental healthcare**

The IMB remains extremely concerned about men who have serious and deteriorating mental health issues being inappropriately housed in the establishment and, frequently, in segregation.

The integrated mental health team (IMHT) oversaw 26 hospital-access referrals: 14 were transferred for admission and 11 were rejected. The majority of referrals breached the 28-day transfer timeframe, ranging from four weeks to eight months. One exceptional case waited 20 months for transfer.

There were critical staffing levels in the early part of the reporting period, with an average of two nurses on duty per shift. The IMHT prioritised safely managing patients acutely unwell or in crisis. This impacted on managing new, routine referrals and caseload input. Numbers improved from June onwards due to recruitment efforts and utilising bank staff. A business case was approved and this created new posts.

The business case for psychiatry funded an increase from 2.25 to 5 sessions per week. This increased provision for HMP Wakefield from 2.25 sessions to 5 face-to-face sessions per week, including cover for annual/sick leave. So, the prison had 2.5 days' on-site psychiatry provision each week.

From May to December, the waiting time for a triage appointment fell from seven weeks to seven days. The team continued to see all urgent cases within the specified timeframe of 48 hours.

The IMHT attends all the initial assessment, care in custody and teamwork (ACCT) reviews and subsequent ones with a clinical need. They visit segregated patients twice a week and participate in good order or discipline and close supervision centre reviews. Annual mental health checks are offered to all eligible patients.

The lack of available cells on the CSU has meant segregated prisoners have had to be located on the main wings, which has added to the IMHT's usual caseload.

The assistant psychologist continued to provide one-to-one sessions. These focus on psychoeducation and strategies to help manage symptoms of low mood, poor sleep and symptoms of post-traumatic stress disorder. Due to the volume of referrals, waiting times have been up to six months.

The first cohort of a new 'Making Sense of Me' psychological group was facilitated March 2024, with a second cohort in April 2024.

The IMB asked the team if increased substance misuse had affected mental health, but were told that there was nothing noticeable.

#### **6.4 Social care**

Social care is delivered by the nursing team and two dedicated social workers funded by Wakefield Council.

A frequent complaint from eligible prisoners is that they need specialist mattresses or high seat/recliner chairs. Mattresses are supplied by PPG where there is a clinical need on the in-patient unit. These mattresses will not fit on a standard cell bed and PPG are not responsible for any in-cell furniture.

A patient engagement lead (PEL) began working at HMP Wakefield in January. This new role was introduced to inform prisoners about health promotion, access to healthcare, lifestyle changes, public health, person-centred care, mental wellbeing, the environment, community and skills. They collect information from prisoner representatives and visit specific groups to gain a diverse view, as well as produce a monthly newsletter and organise healthcare forum meetings. The PEL also visits each wing daily. They are looking at developing an integrated way to tackle health inequalities to address social and economic determinants of health within the prison environment.

#### **6.5 Drug rehabilitation**

The programme to reduce unnecessarily prescribed drugs has been ongoing and every prisoner has now been assessed. There are no men on prescribed tramadol and there is minimal use of gabapentin and pregabalin. There has been an increase in methadone, but only because HMP Wakefield now has more men who are earlier on in their sentence and have arrived still on detox programmes.

During the reporting period, the rehabilitation team had a caseload of 84 and that number has remained quite stable. The team uses acupuncture therapy and tries to promote a healthy lifestyle and gym use. Unfortunately, because of budget restrictions on kitchens, the food choice available is not always healthy.

Alcoholics Anonymous and Narcotics Anonymous are no longer able to attend the prison, due to officer staffing issues. The recovery team does have three new laptops, so prisoners can access these outside agencies and others using the NHS 'Visionable' scheme.

## **6.6 Mulberry unit, for prisoners with autism**

The Mulberry unit is comprised of 14 cells, but usually only 12 are occupied at any one time. This is to ensure that the desired prisoner-to-staff ratio of 3:1 is achieved. The ratio on the main residential wings is 18:1. The ratio is frequently more, as staff can be redeployed, causing understaffing and changes in the regime, which is very disruptive for these prisoners, who need a stable routine.

The selection criteria are determined by the diagnosis of autism or extremely likely to be autistic. These men may not have had the support in childhood to enable a diagnosis and are not able to cope in main residence. They may have spent substantial amounts of their sentence in segregation, due to negative behaviour, or in healthcare cells, as they have been victimised. The aim is for them to be able to reintegrate into normal residency by developing better social skills and coping strategies. Funding is from 'pathways to progression' to supply small, dedicated units, which avoids segregation.

HMP Wakefield is autism accredited, awarded by the National Autistic Society. A psychologist is the clinical lead for the unit. This is a full-time post but, since the previous person left in November 2023, pathways to progression is providing a psychologist for three days per week to fill the recruitment gap, as there has been little or no interest by candidates.

All the dedicated officers have had specialist training but do not receive enhanced pay for this specialist role. These officers face daily major challenges, as the men are unpredictable and frequently physically and verbally aggressive.

Changes have been made to offer more support to the officers and they now have a monthly session with a psychologist. However, previously, some experienced officers left the Prison Service after experiencing severe mental health problems working on the unit.

The regular officers are to be commended for their work with these men, especially as other staff frequently make clear their negative opinions about the Mulberry unit and its unusual regime.

The regime encourages prisoners, to, for example, come out of their cell for a determined period; verbally engage with staff members; be more flexible, perhaps with clothing or food choices; and play games of chess, darts or table tennis with staff and other prisoners. They also cook and bake, visit the library and the gym and have music lessons once a week, facilitated by a prisoner, who is from another wing, and also spend time, weekly, in the education department.

The psychologist and staff teach the prisoners coping mechanisms to help them deal with their considerable stress and anxiety, particularly when triggered by their own thoughts or outside influences.

Engagement with staff and meaningful conversations, etc, are seen as 'work for payment' and some prisoners are able to take on jobs as cleaners or servery

assistants on the unit. Previously, very few Mulberry unit residents attended work away from the unit, but a new neurodiversity support manager, who started in September 2023, has helped four prisoners into employment in the workshops.

Disengagement with the regime or poor behaviour is dealt with in the same way as any other prisoner but in a more flexible way. On rare occasions, a Mulberry unit prisoner will be segregated, if their behaviour warrants that.

In addition to the activities mentioned above, these prisoners have access to a cell that has been converted into a sensory room. It has a bed that vibrates in time to the music system, lighting that can be controlled by the prisoner, a bean bag chair and sensory toys.

Conditions are far from ideal, as this unit is located at the end of one of the wings and, at one time, was used as a segregation unit. Staff say that a more therapeutic environment could be achieved if the budget allowed, such as flooring that creates less noise and softer lighting, plus some paint so that prisoners can personalise their environment and create a calming atmosphere. There is a small, dedicated exercise yard but, apart from a wooden box with a few flowers, it is just bare tarmac.

### **‘Success’ case studies**

Prisoner B had spent most of his sentence in the CSU because of his poor behaviour. He has been on the Mulberry unit for three years and is on the enhanced (top) level of the prison’s incentive scheme..

Prisoner C was located on a personality disorder unit and struggled to progress. Following an autism diagnosis, he was transferred to the Mulberry unit. He now feels psychologically and physically safe, works as a unit cleaner and has applied for a job in the braille workshop, achievements unthinkable before his transfer.

The Board is concerned that some men who have struggled on the unit are deselected and remain at HMP Wakefield in the general population. These prisoners have complex issues. Symptoms of autism and personality disorder can mirror each other and people can have both. There are now men who are very difficult to place in a suitable location and, in some cases, appear to be deteriorating in terms of engagement and progression.

### **‘Concern’ case studies**

Prisoner D was deselected from the Mulberry unit after threatening prisoners and staff and was segregated in September 2023. During the reporting period, he was segregated for over 200 days and no alternative location was found.

Prisoner E was deselected from the Mulberry unit for poor behaviour in December 2023, then returned to the unit. In June 2023, he had been segregated after assaulting three members of staff. In October 2023, he moved to in-patients and had periods of being segregated on the in-patient unit for good order or discipline. He refuses to engage with anyone and there appears to be no place for him to go where he can be treated appropriately.

## **7. Progression and resettlement**

### **7.1 Education and library**

Education at HMP Wakefield takes place mainly within one education building, with further delivery offered in workshop 7 and on outreach engaging with the most vulnerable and challenging prisoners, usually based in the care and separation unit or the close supervision centre. HMP Wakefield has a specialist unit for autism support for up to 20 prisoners, which 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 the course) and is delivered over eight sessions from Monday to Thursday, with the catering course delivered over each lunchtime and Friday morning.

All prisoners have access to English and maths sessions, either part-time in education or during outreach sessions on the wings or within the specialised units. ICT is offered from beginner to Level 3. However, this provision changed to EDSQ in April 2024. Vocational qualifications are offered in hospitality and catering, barbering, mentoring, business administration, business enterprise and textiles. Opportunities for progression to Level 3 business administration business enterprise and barbering are available.

The education 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-11.45am and afternoon sessions are 2.15pm-4.45pm.

During the reporting period, there have been 978 prisoner enrolments on to qualification-based courses, plus a further 415 learners have been supported through non-qualification-based routes. Collaborative decisions have been made, in partnership with the prison, to introduce non-accredited provision into the curriculum, which has included safeguarding, learning difficulties and disabilities awareness and award in education and training in a custodial setting.

Additional accredited provision has been implemented, responding to specific needs, including barbering, customer service, EDSQ, learning needs' awareness and safeguarding, which was in response to a request by the learning and skills manager. During 2023-2024, the department has continually increased accredited provision, including functional skills English and maths at all levels.

The library no longer offers a remote service to prisoners. However, for prisoners who are unable to physically access the library, there is an outreach provision where they can request items via general application. Throughout the reporting period, the library handled 956 applications from prisoners, including those in the CSU, the CSC and the healthcare centre. In addition to this, the library also regularly accepts requests for books from wider Wakefield libraries.

Visitor sessions remain approximately the same, with access to books, CDs, DVDs, audio books, magazines and legal materials. Thirty prisoners can visit in the morning and 20 in the afternoon, giving a total of 50 each day, four days a week. The library can also accommodate around 50 prisoners for evening visits, four evenings per week.

Class visits continue, with tutors bringing prisoners to the library to carry out research related to their courses.

The librarians coordinate the Turning Pages programme (Shannon Trust), matching prisoners who request help to learn to read with prisoner mentors. Learning takes place on wings and in workshops.

Storybook Dads is run from the library. Eligible prisoners can record stories for children in their family and these are then gifted, with the book, to the child.

The library also holds legal sessions, where prisoners can receive half-an-hour per day of support from staff to assist them in any legal investigations they wish to make. Prisoners apply for this service via the general application system.

## **7.2 Overall strengths and areas for improvement**

In the Board's view, strengths include:

- Leadership and management: Leaders have prioritised accurate screening, assessment and promotion of reading. There is evidence that leaders prioritise the welfare of staff, taking into account the pressures and demands of their workload.
- Quality of education: Leaders and managers have planned a curriculum that is ambitious for all, including courses in English for speakers of other languages (ESOL) and support for those with neurodiverse needs.
- Teachers work effectively with support staff and ensure that all prisoners achieve as they should.
- Teachers and teaching assistants (prisoner mentors) work together effectively to create an environment that supports prisoners, including those who have neurodiverse and ESOL needs to achieve qualifications, make progress and develop new skills and knowledge.
- Prisoners achieve very well and make progress from their starting points.
- Behaviour and attitudes: Prisoners regularly engage with additional projects and activities, demonstrating commitment beyond the basics. Attendance and punctuality are consistently good. Prisoners' attitudes to all aspects of their learning are consistently positive. As a result, prisoners produce work at a consistently high standard and are proud of their progress and work produced.

In the Board's view, the following require some improvement:

- Opportunities for prisoners to gain accredited qualifications in IT is limited.
- Teachers do not always set developmental targets.
- The curriculum for IT has been reduced and does not provide enough opportunities for learners to progress to higher levels.
- Prisoners on a small minority of courses do make sufficient progress in line with their planned end dates.
- The provision for higher-level courses is limited.

## **7.3 Offender management unit (OMU) and progression**

The prison offender managers (POMs) have worked hard to reduce the OASys (which assesses the risks and needs of prisoners) backlog; as of April 2024, they



had one out of date in the establishment and one prisoner who arrived with an out-of-date OASys.

As of April 2024, there is a full complement of 12.5 probation POMs in post in the prison. There are 2.5 prison POMs, which was a 2023 target that has been achieved.

As recognised in the latest HM Inspectorate of Prisons (HMIP) inspection report, the OMU at Wakefield delivers a very good service, despite the challenges faced. Full-time staff hold caseloads of around 60, with part-time staff holding the equivalent. Owing to the complex, high-risk nature of the cases and the responsiveness needs, work is often task driven for the purposes of OASys reviews, parole board reviews and categorisations. One-to-one work is delivered on a case-by-case basis, as deemed appropriate and necessary by the POM.

OASys are completed in line with offender management in custody (OMiC) expectations (outside of the backlog). This is every two years for determinate-sentence prisoners (who has a release date) and every three years for those with indeterminate sentences. This can be, and is also, completed outside of these timeframes, reflective of the individual circumstances of the prisoner, e.g. programme completion, parole eligibility, release window and increase/decrease in risk.

These are completed in line with OASys reviews, where appropriate. They are completed two weeks prior to 'deadline date' to allow time for any contingency works, which means that nearly all categorisations are completed on time. This has been improved in 2024 with approximately 95% being completed on time, which has brought it in line with security audit requirements of 70% needing to be on time. An internal audit showed 100%, based on the time improvement and detailing evidence of the decision making. 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 due to prison capacity pressures.

Access to programmes at HMP 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 interventions elsewhere is also restricted. This situation will have a long-term effect on prisoner progression and their motivation to engage.

The department maintains clear links with the National Probation Service via the Head of Offender Management Delivery (HOMD) and Prison Offender Managers (POMs). Cases are identified for early allocation, if deemed necessary, to enable sufficient time for case handovers. All handovers are completed within defined timeframes. The Offender Management Unit (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.

As a LTHSE establishment, HMP Wakefield does not operate Release on Temporary Licence (ROTL) or Home Detention Curfew (HDC).

## **7.4 Family contact**

This year has seen the installation of in-cell telephony, available to all prisoners. Each prisoner has various times throughout the day and evening to use their phone, with the limit of total calls during the day being one hour. Although there is no limit on who they call (out of their authorised contacts), they are required to manage the one-hour total limit.

There is a dedicated phone 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 available through the gov.uk website.

A visitors' centre is open before every visit session and is a welcome area for people to book in and wait until called into the establishment. A limited range of refreshments are on offer and there are lockers for visitors to store valuables and items that may not be authorised. This is run by the charity, Partners of Prisoners (POPs), and two officer support grade staff. There are monthly coffee mornings, chaired by the Operations Governor, where he meets with the visitors and is able to 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 and in the visits' hall and also on the wings. This information is also available on the gov.uk website.

A monthly family day is held, where the visits session is extended, from 10am 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. Restrictions do not take account of prisoners' incentives scheme status or previous adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules). Once a prisoner is selected to attend, there is an expectation that they remain free of adjudications and of any incentives scheme issues before the date of the visit.

Catering is available for all prisoners and visitors at no cost, comprising a buffet of hot and cold food and snacks. The family days are varied and cater for the prison's demographics, which includes those over 50 years old, men serving life sentences, adults, people who are neurodivergent and children. Games and activities can be accessed; again, dates and times are advertised, as above.

In addition to family days, there are plans to hold various other events, such as, for example, a veterans' family day, education celebration events and AIC celebration events. There are further plans to work towards a care experienced/young adult event.

Prisoner and visitors' surveys are carried out on a six-months 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 HMP Wakefield is not designated as a resettlement prison, no such resettlement planning work is carried out on a routine basis. There is liaison with community offender managers (COMs), as appropriate, when cases are in their release window

and facilitate/support anything that is required for the purposes of release. Most of the men released from Wakefield are required to reside in an approved premise for a specified period to support risk management. Between May 2023 and April 2024, 12 men were released, eight at their conditional release date (CRD), two directed from parole and two from post-recall release date (PRRD).

POMs do provide assessments for the purpose of child contact assessments for those subject to person posing a risk to children (PPRC) restrictions. POMs will engage with Children Services for children subject to any involvement and will provide reports/attend meetings, where appropriate.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members.	12
Number of Board members at the start of the reporting period.	10
Number of Board members at the end of the reporting period.	10
Total number of visits to the establishment.	308
Total number of segregation reviews observed	21

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	10	18
B	Discipline, including adjudications, incentives scheme, sanctions	16	16
C	Equality	2	3
D	Purposeful activity, including education, work, training, library, regime, time out of cell	17	8
E1	Letters, visits, telephones, public protection restrictions	7	12
E2	Finance, including pay, private monies, spends	9	5
F	Food and kitchens	4	6
G	Health, including physical, mental, social care	35	13
H1	Property within this establishment	10	18
H2	Property during transfer or in another establishment or location	9	3
H3	Canteen, facility list, catalogue(s)	5	3
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	5	3
J	Staff/prisoner concerns, including bullying	26	30
K	Transfers	4	0
L	Miscellaneous, including complaints system	24	32
	<b>Total number of applications</b>	<b>183</b>	<b>170</b>



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