



Annual Report of the Independent Monitoring Board at HMP Wakefield

**For reporting year
1 April 2024 to 31 March 2025**

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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 (LTHSE) prison for men typically in security categories A and B (for prisoners considered to be a serious risk), including men convicted of a sexual offence. It has an operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the prison) of 744¹ and, as of March 2025, the prison roll was made up of:

- 634 (not category A prisoners)
- 149 (category A prisoners)
- 9 (high-risk prisoners)
- 1 (escape list, or 'E List' prisoner)

The prison was originally built as a house of correction in 1594. In 1966, it was designated a 'dispersal' prison², following the recommendations of the 1966 *Mountbatten Report into Prison Escapes and Security*. Today, HMP Wakefield is one of 13 LTHSE establishments.

The main prison is comprised of four residential wings: Alpha, Bravo, Charlie and Delta. All cells are of single occupancy, except for a small number of accessible cell, which contain sufficient space for a prison 'carer' to reside, alongside another prisoner, where needed.

Prisoners are also housed in the healthcare centre (HCC), the segregation unit (on Prison Rules 45, 53 and 55, plus a small number of Rule 46 designated cells) and the close supervision centre, or CSC (on Prison Rule 46), both on F wing. The CSC operates under a 'national co-ordinated management strategy' to provide a secure, isolated location for prisoners whose behaviour is assessed as consistently and violently disruptive. The main prisoner facilities provided comprise wing kitchens, snooker and pool tables, a gymnasium, 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 were supplied by contract:

- Healthcare: Practice Plus Group.
- Dental care: Time for Teeth
- Education: Milton Keynes College.
- Maintenance: Amey.
- Prisoner transport (for non-category A prisoners): GeoAmey.

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.

² These were created to house category A prisoners who could be moved to any of the other secure prisons in the 'dispersal' system at short notice, as a means of managing their rehabilitation and to ensure that the most serious offenders were not all housed together.

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.

3.1 Main findings

Safety

- We continue to deem the prison to be 'less safe' than was the case in previous annual reports to 2022-2023.
- The total number of recorded violent incidents over the reporting period was 367, an increase from 272 last year (35% increase). However, these incidents were recorded against 68 individuals, which was a fall in the number of individual prisoners by approximately 50% on the previous year.
- The Board is increasingly hearing about safety concerns from prisoners who are deemed to be vulnerable, by virtue of their index offence (the primary crime for which an individual has been convicted and sentenced), due to the population mix, which now includes a good proportion of prisoners who are not convicted of a sexual offence.
- The Board is seriously concerned about the threat posed by drone incursions: the conveyance of illicit items into Wakefield via drones has wider consequences for the safety of all at Wakefield.

Fair and humane treatment

- In the Board's view, HMP Wakefield continues to provide a regime that is, overall, fair and humane.
- We remain concerned about the physical condition of the residential accommodation, which can affect the ability of prisoners with mobility issues to access a full regime.

Health and wellbeing

- We remain concerned about the significant delays in accessing transfers to a secure hospital for prisoners who are in urgent need of mental health treatment.
- The new dedicated vetting unit has led to significant improvements in recruitment, such that the compliment of staff reached 95% in this reporting year. Staff background and security checks now take less than three weeks, down from six months. We believe that has significantly improved prisoner care and reduced wait times. It has also reduced the need for 'bank' staff to cover shifts.

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

- Can the Minister provide the Board with further updates on 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 2023-2024.

- The Board asks that responses from the Governing Governor are included in the Ministerial reply to this annual report. Whilst we appreciate that this is matter is not unique to Wakefield, it is nevertheless important that the Governing Governor's reply is made a matter of the public record.

TO THE PRISON SERVICE

- How will the Prison Service ensure the safety of staff working in the close supervision centre (Prison Rule 46) and the segregation unit (Prison Rule 45).
- The Board remains dissatisfied with the lack of progress in upgrading the physical infrastructure of the prison. We are monitoring the fire safety upgrade project, but there remains a need to focus investment in buildings that enable a productive regime. The evident lack of investment is creating frustration amongst staff and prisoners, particularly when the consequences lead to regime curtailment. What is the Prison Service's timeline for addressing this issue?

TO THE GOVERNOR

- Prisoner property: we remain concerned that prisoners do not receive 'in possession' property from reception in a timely manner. What action will the Governing Governor take to address this problem? 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. What steps is the Governing Governor taking to address this? *This is a repeat request from our previous annual reports.*
- 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 improvement in the delivery of key work sessions, but there remain issues with key work not being fulfilled due to operational reasons. How will the Governing Governor continue to drive improvements in key work activity?

3.3 Progress since the last report

As was the case in our previous two annual reports, we remain concerned by:

- 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).
- The unavailability of the 'astroturf' sports pitch.
- Ongoing challenges with securing transfers to secure hospital for those prisoners who present with complex mental ill-health and /or personality disorders.

Evidence sections 4 – 7

4. Safety

Several long-term high security estate (LTHSE) establishments provide separate accommodation/wings for prisoners who can then be managed according to their offence or vulnerability whilst in custody. However, there remains no such separate provision for what may be termed 'vulnerable persons' at HMP Wakefield.

To provide a fully integrated regime, the focus at Wakefield lies in maintaining an effective 'dynamic security' regime as an enabler of a decent and humane environment.

4.1 Reception and induction

On arrival, all prisoners are fully screened and body scanned (mobility dependent). The number of late arrivals to HMP Wakefield remains minimal and are predominately as a result of prisoners arriving as part of a transfer from another establishment or own internal escorts returning from hospital.

A healthcare, education and safer prisons induction, together with a guidance booklet, is completed in reception on arrival. This explains the next steps for integration into the establishment through health, work and/or education. A mandatory drug test (MDT) is also carried out prior to entering the prison.

Without the provision of a dedicated first night/early days unit, there are established arrangements for peer support located on each wing. In addition, a wing-based induction is provided, together with how new arrivals can access the Listener service (which are prisoners trained by the Samaritans to provide peer support) and safer prison representatives. Regular observations from healthcare and prison officers are carried out during these early days in custody.

The Board found no evidence of any shortfalls in the prisoner escort records (ePERs/PERs), which remain in both an electronic and paper format. New arrivals are offered an opportunity to make a phone call from their approved contacts list.

The challenge, support and intervention plan (CSIP) process, used to support and manage prisoners who pose an increased risk of violence, is commenced on new prisoners on arrival into Wakefield to try to eradicate potential violence from the onset.

The aim of the reception staff is to ensure that all new arrivals are well informed, given all their entitlements and are prepared for their first night at Wakefield. This includes briefing residential staff of any known issues/risks identified during the initial reception screening.

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 reduced to 154 this year, including 87 documents that were reopened. This a greatly reduced number when compared with 492 during the previous year, showing a 69% fall; it is worth noting that most ACCTs are opened in reception on arrival.

ACCT documents are quality checked within the first 72 hours by the safer prisons team, then weekly by the wing custodial managers (CM) and the safer prisons team again. These are also compared with the required standard at HMP Wakefield, with the checks looking to pick up on any issues and ensuring they are raised in staff training. HMP Wakefield has a total of 20 ACCT assessors.

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 Listener call-outs to other prisoners have continued to decline, most probably, in the Board's view, because of the introduction of the in-cell phones, which allow prisoners to contact family and friends, as well as the Samaritans.

There were nine deaths in custody during the reporting year, up from five in the previous period. Of these, eight were, apparently, due to natural causes and one was suspected as self-inflicted.

4.3 Violence and violence reduction, self-isolation

The total number of recorded violent incidents over the reporting period was 367, an increase of 35% on the figure of 272 last year. However, these incidents were recorded against 68 individuals, which was a reduction in the number of individual prisoners by approximately 50% on the previous year. The main cause was reported to involve self-harm.

There were 181 assaults in the reporting year. A breakdown shows that there were 86 assaults on staff, of which five were classed as serious, and 95 prisoner-on-prisoner assaults, with 16 judged as serious. The indication is that there is an escalation of violence when there is an increase in drug use. This has also shown an increase in prisoners who self-isolate during such episodes. HMP Wakefield's records state that 90% of those who self-isolate do so because of threats on the wing, but it is reported, by those who we have spoken to, to be also due to debt or bullying.

The CSIP process continues to be used as a violence-reduction strategy. Its use is on the rise at Wakefield, with staff submitting a referral whenever there has been a violent incident. This process acts as a deterrent, as it aims to reduce the chances of a prisoner being bullied or being the victim of violence. There were 164 CSIP referrals recorded for violence and support in the reporting year, compared with 93 recorded previously.

The majority of prisoners at Wakefield have a sexual offence(s) on their record. However, the most vulnerable prisoners seem to be prisoners with learning difficulties and those who are in debt or being bullied.

Bullying is challenged firstly via the CSIP process, with referrals submitted to monitor these individuals. Such prisoners are then discussed at the regular safety intervention meetings (SIM), where appropriate targets are also be disused.

The managing and supporting of vulnerable prisoners are also discussed at the SIM. All safeguarding prisoners are managed on the monthly safeguarding boards and are supported by the safer prisons team, as well as the CSIP process, as appropriate.

4.4 Use of force

The total number of use of force (UoF) incidents was 414, which is a reduction of 90 incidents on the previous year. Of these, 166 (40%) were recorded as being unplanned. The data highlighted that the primary reasons for such interventions were to prevent self-harm or harm/assaults on other prisoners (28%); due to a refusal to relocate to cell (14%); as a risk-reduction application of cuffs for escorting (11%); and to prevent harm/assaults on staff (8%) and assaults on other prisoners (7%). Batons were drawn on nine occasions, but only used in two incidents. The drawing of Pava incapacitant spray totalled 20, but it was only used five times.

Additionally, there were nine occasions when the ORRU (operational response and resilience unit), a specialist team that provides support in high-risk situations, was deployed. This was a 50% increase on the previous year.

This included a major incident within the establishment, due to intelligence received, which caused a three-day lockdown (an emergency measure that confines all prisoners to their cells, to regain or maintain control of the establishment). During this incident, UoF was used by the ORRU on 12 prisoners, while Pava was drawn on seven occasions.

During the reporting year, it was affirmed that every cell has been randomly searched, as per the prison's search cycle, and all targeted cell searches were carried out following security intelligence.

4.5 Preventing illicit items

On arrival at HMP Wakefield, all prisoners are screened by healthcare in the reception area. Any immediate issues with substance misuse, when identified, result in a referral to the recovery services. In addition to this process, all new arrivals are subject to a mandatory drug test (MDT).

Underlying patterns with drug misuse would suggest that synthetic cannabinoids are the most popular substance in the establishment. There is also some evidence on the exchange and/or abuse of prescribed medication, which is evidenced in the MDT figures that are recorded every month.

The availability and trend of drug misuse would appear to be consistent with regard to the findings of synthetic cannabinoids, with positive finds being attributed to nearly every month. Other positive results evidenced intermittent finds for cannabis, methadone, amphetamines, benzodiazepines, cocaine and opiates.

There were regular MDTs throughout the reporting period, with 578 completed. Although 10% fewer tests were done than in the previous year, annual total tests still exceeded the minimum number of their performance target for the establishment. In addition, no one refused to take the test. Of the completed tests, 46 (8%) were positive, with approximately 72% being identified as a synthetic-cannabinoid substance. The impact of drug debt causes instability in the establishment, which is likely linked to assaults on other prisoners and, in some situations, staff. The performance target for MDTs is recorded monthly.

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.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

This year, a significant logistical project of upgrades has started at the prison. These encompass fire safety, lighting, power supply and alarm systems. The Fire Safety Improvement (FSI) and LED lighting installation started in January 2025 and are scheduled for completion in December 2029.

Each cell will have a hardwired smoke detector and LED lighting. Currently, in-cell kettles are not available but will be possible after the upgrade. The project requires the prison population to reduce by 102 during the works. This allows for two landings to be decanted at a time for progress. Noise impact is reduced by limiting work hours from 8.30am to 4pm, Monday to Thursday, and 8.30 am to 12.30 pm on Fridays, with a pause during lunchtime. These timings ensure quiet periods for remaining prisoners. B wing is undergoing the first phase of the upgrade.

We remain concerned about the physical condition of the residential accommodation, which can affect the ability of prisoners with mobility issues to access a full regime. We are also concerned by reports from some prisoners that the residential accommodation suffers from excessively high temperatures, from time to time.

The kitchen operates with 42 prisoners, instead of 52, due to the upgrades reducing prisoner numbers. The kitchen has undergone significant upgrades in its equipment. All fryers are now fully operational, the dishwasher and industrial mixer have been repaired, and three new ovens have been installed.

The kitchen identifies allergens on menus to keep prisoners informed. To further support informed meal choices, staff are collaborating with other prisons and the national standard recipe project (NSRP). This initiative involves consulting prisoners on new menu items and gathering their feedback. The project provides prisoners with valuable information, such as the calorific value of meals and the traffic light labelling system, which indicates whether a food item has high, medium or low amounts of fat, saturated fat, sugars and salt.

The chaplaincy and kitchen work together during festival celebrations. The kitchen has prepared 40 special dishes throughout the year for these festivals.

5.2 Segregation, special accommodation

The segregation unit at Wakefield continues to manage a complex and often volatile mix of prisoners, many of whom present with personality disorders, mental illness or both. During the reporting period, we were pleased to note an ongoing downward trajectory in the number of cumulative days prisoners spent, on average, in segregated conditions. This illustrates the excellent work that is undertaken by the multi-disciplinary team to secure progressive moves out of the segregation unit, whether to a residential wing at HMP Wakefield or a suitable establishment elsewhere.

We are increasingly concerned by the impact of segregated conditions on prisoners who present with neurodiversity, some of whom are incredibly challenging to manage and support. In our view, the segregation unit at Wakefield is not suitable for prisoners who present with particularly extreme forms of neurodiversity, due to the nature of the regime and also the behaviour of other prisoners being held on Rule 45 in nearby cells.

During the reporting year, improvements continue to be made in reducing the average duration of time spent in segregated condition per prisoner. The Governor responsible for

the segregation unit has shown strong leadership and a relentless focus on tackling long-standing issues with 'cell-blockers' in the segregation unit.

Quarterly segregation monitoring and review group (SMARG) meetings are well organised and attended. The IMB is invited to observe (without exception) and is offered an opportunity to contribute in two ways: by way of written report in advance of the SMARG meetings; and orally, during the meeting. The SMARG is provided with high-quality data analysis, which forms the basis of discussion. This is a good example of evidence-based management practices.

The Board is informed when a prisoner is located in special accommodation (where items such as furniture, bedding and sanitation are removed in the interests of safety) and it seems to be used only when absolutely necessary.

5.3 Staff and prisoner relationships, key workers

The staff cohort has been relatively stable during the reporting year. A total of 21 officers have left the prison, and three officers have transferred in from other prisons. The designated number of officers is 259, with 257 present and two officers about to on-board. There has been a decrease in the number of staff assigned to work at other prisons on detached duty, with 16 staff members required, compared with 35 last year.

This year, staff delivered 14,727 key worker sessions to prisoners, averaging 1,227 sessions per month. This is a significant increase from last year's 797 monthly sessions. The increase is most probably due to having 102 fewer prisoners and more staff members available who are not required for detached duty.

5.4 Equality and diversity

The total number of discrimination incident reporting forms (DIRFs) received from 1 April 2024 to 31 March 2025 are shown below.

Prisoners submitted 186 DIRFs, but only 57 related to equality strands. The others were treated as complaints and referred to the prison's complaints clerks for investigation.

Analysis of DIRFs by protected characteristics:

Equality strand	DIRF forms submitted by prisoners	Forms judged not a DIRF	DIRF forms retracted by prisoners	Number of DIRFs investigated	DIRFs substantiated
Age	4	2	0	2	0
Disability	55	34	2	19	3
Gender	5	2	1	2	1
Race	44	30	0	14	6
Religion	45	24	2	19	2
Sexual orientation	8	7	0	1	0
Not ticked	25	25	0	0	0
Total	186	124	5	57	12

This year, the total number of substantiated DIRFs was approximately half of what it was in the previous reporting year. However, half of the substantiated DIRFs were related to race, which is a similar proportion to the previous year. The prison had planned to address this issue through training, but shifting operational priorities mean this didn't happen. The prison has committed to providing this training to individual staff members, as needed, in the future.

5.5 Faith and pastoral support

Prisoners generally tell us that the chaplaincy does a good job.

The chaplaincy offers a varied programme of daytime and evening activities for prisoners. These include groups for prisoners of these faiths: Rastafarian, Jewish, Pagan, Buddhist, Anglican, Jehovah's Witness, Roman Catholic, Church of the Latter-Day Saints and Sikh.

From our observations, the chaplaincy team pays especial attention to the needs of prisoners who need additional support, and regularly visits men on an open ACCT. A new group started recently, with the aim of supporting new arrivals at the prison for a period of up to six months, as well as those who have difficulty engaging with education, work and other aspects of the prison regime. So far, this has proved popular with prisoners and there have been some positive outcomes with individuals.

A wide range of religious festivals are celebrated throughout the year to which non-faith visitors are invited. The kitchen provides a varied menu for these festivals, agreed with the chaplaincy team at the beginning of the year.

The chaplaincy has two vacancies for a Hindu and a Rastafarian chaplain. These are long-running vacancies that are hard to fill.

The chaplaincy team has been successful in forging effective links with the local community. Catenians, St Vincent de Paul, Legion of Mary and The Knights of Saint Columba offer support for prison groups in practical terms. For example, St Vincent de Paul provides missals and rosary beads for prisoners undergoing baptism or confirmation. While not many prisoners are released into the local community, this work has the advantage of helping faith communities be more aware of the needs of those who have been in custody.

There are 18 volunteers who support the prisoners by attending a variety of groups and join in with singing, prayer and scripture studies. Two volunteer-led groups are held every month and supported by St George's Parish and Daylight Prison Ministries (DPM). This year, DPM won a high-profile national award for the work they have done with the prisoners at HMP Wakefield, visiting London to collect their award.

There has also been an increase from four to six prison visitors, managed by the chaplaincy team this year after a long period without recruitment.

Chaplains attend a wide range of meetings throughout the prison, ensuring they are integrated into prisoner support and work to promote dignity, respect and a rehabilitative culture.

Feedback from prisoners on the support and events has been very positive throughout the year.

5.6 Incentives schemes

In the prison system, the incentives scheme allows prisoners to earn privileges through good behaviour and participation in activities. Privileges can be withdrawn if these standards are not maintained.

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

Below is a snapshot of incentives scheme levels at HMP Wakefield in March 2025:

Incentives level	Percentage of prisoners
Basic (bottom)	6% (6%)*
Standard (middle)	31% (29%)*
Enhanced (top)	63% (65%)*

*Last year's percentages.

5.7 Complaints

This year, the prison received 2,785 complaints, up from 2,644 last year. The tables below compare complaints from this reporting period with the previous year.

		Complaints data																	Sub Totals	Yearly Totals	
		Adjudications	Bullying	Canteen	Catalogue Orders	Complaints System	Education	Equalities	Finance/Cash	Food	Gym	IEP	Letters/Censors	Library	Medical/Healthcare	Newspapers/Magazines	OASys/OMU	Off Behav Prog	Other		
2023-24		28	3	60	70	47	32	76	62	84	33	86	108	16	1	10	90	14	7	827	
2024-25		51	5	58	91	25	45	48	80	95	15	120	176	14	7	5	113	6	0	954	
		Pre Release/Release PINs	Property	Psychology	Public Protection	Re-Categorisation	Reception	Residential	Security	Segregation	Staff	Transfer/Allocation	Violence	Visits	Work	DHL	Chapel	Safer Prisons			
2023-24		35	1	423	21	17	8	12	711	103	83	77	26	1	70	224	5	0	0	1817	2644
2024-25		47	3	501	5	15	11	92	638	126	52	100	34	1	29	148	29	0	0	1831	2785

Property and related issues account for the second largest number of complaints in the current and previous reporting year. This is consistent with the number of applications received by the Board. As would be expected, complaints related to residential issues account for the largest number of complaints.

5.8 Property

We remain concerned that prisoners do not receive 'in possession' property from reception in a timely manner.

Since October 2024, prisoners can apply for new clothing annually around their birthday under the 'Birthday Parcel' scheme. Linked to the incentives scheme, they can receive up to £300-worth of clothing, based on their status. This has become very popular among prisoners.

In November 2024, the prison clarified its policy on prisoners' property and volumetric control, making it easier for both prisoners and staff to manage permitted items.

Since January, the procedures for prisoners receiving books have been clarified.

The prison has improved its systems for transferring property to a receiving prison within the 28-day timeframe, leading to a reduction in complaints in this area. However, property remains the second most complained about issue in the prison, and the number of property-related complaints has increased from 423 last year to 501 this reporting year.

6. Health and wellbeing

6.1 Healthcare general

Healthcare services for HMP Wakefield are provided by the Practice Plus Group (PPG), which manages in-patient and primary care, as well as mental health and pharmacy services. The group employs a range of professionals, including GPs, advanced nurse practitioners (ANP), nurses specialising in learning disabilities, long-term health conditions, sexual health and substance misuse specialists, physiotherapists, podiatrists, psychiatrists and psychologists.

PPG sub-contracts optometry and radiography services. Dentistry is provided separately by Time for Teeth.

Retinal, bowel, and abdominal aortic aneurysm screening programmes are available. An MRI scanner is used as needed, performing around 50 scans on-site last year, reducing expensive hospital transfers.

The Board is not concerned about non-urgent healthcare appointment wait times. One Telemeds cart was damaged by a prisoner in January 2025. (Telemeds provides virtual access to consultants at Airedale General Hospital.) Since then, prisoners have had to be referred for hospital appointments, leading to delays in treatment, which also affect security, staffing, and costs.

With the new dedicated vetting unit, the prison is able to recruit healthcare staff much faster. Staffing reached 95% this year. Background and security checks take less than three weeks, down from six months. This has significantly improved prisoner care and reduced wait times. It has also reduced the need for 'bank' staff to cover shifts.

A dedicated team of prison officers collaborates with healthcare services in the main residence wings and on the in-patient unit. However, there are numerous instances of missed appointments for prisoners, totalling 641 this year. Some missed appointments are due to communication issues, while others occur because staff may not fully understand the importance of escorting prisoners to their appointments. Missed appointments need to be rescheduled, resulting in delays and additional costs.

From the Board's observations, the officers on the in-patient unit provide excellent support to patients, especially those who are elderly, frail, or have mental health conditions.

Recommendations made by the Prisons and Probation Ombudsman (PPO) about deaths in custody have been monitored by the IMB to ensure that appropriate actions have been taken.

6.2 Primary healthcare

There are two part-time GPs, who cover nine sessions a week between them, and two full-time advanced nurse practitioners. One of the GPs carries out a weekly ward round on the in-patient unit, resulting in consistency of care. A primary clinical lead oversees registered nurses, nursing associates and support workers. A registered nurse with an on-call radio can respond to emergencies within minutes. Respiratory and colorectal consultants visit regularly.

Transporting prisoners to outside hospitals from HMP Wakefield can be challenging. However, due to the diverse skills available at the facility, such as suturing, burns treatment, spirometry, phlebotomy, ECG recording, administering intravenous antibiotics and in-patient monitoring, the need for hospital visits is minimised.

6.3 Mental healthcare

From the Board's observations, the mental health service has been fully delivered over the past year. The triage clinic has operated four times a week, with seven caseload clinics and seven assistant psychology clinics available to provide one-on-one structured interventions.

The Making Sense of My Worries group has also continued to run weekly.

Psychiatry services are available 1.5 days per week on site, with emergency appointments available within a week for urgent cases.

The team aims to assess all urgent referrals within the 48-hour timeframe. Additionally, due to improvements in staffing levels, most routine referrals have been addressed within the five-day timeframe, with exceptions caused by enabling/access issues.

Staffing levels have remained consistent, with a full complement of senior mental health nurses. There are 4.5 mental health nurses, averaging three per shift. From August 2024, the team has been complemented by the introduction of a registered nurse associate. The senior learning disability position has remained vacant, but a candidate was appointed in March 2025 and is awaiting clearance.

An assistant psychologist left the post in December 2024 and a new one is due to start in May 2025. These vacancies do not seem to have impacted service delivery or patient care.

Across the year, 19 referrals were made for hospital access assessments. Of these, eight were offered admission, seven were deemed not suitable for assessment/ admission, two are awaiting admission, one is awaiting an outcome and one is awaiting an assessment. The IMB is concerned that all referrals breached the 28-day timeframe.

Annual health checks are available to all eligible patients diagnosed with serious mental illness and/or learning disability. These checks are conducted weekly by the mental health healthcare assistant.

The mental health team continues to attend all initial ACCT reviews and subsequent assessment, care in custody treatment (ACCT) reviews, where clinically indicated. The team regularly participates in prison multi-disciplinary meetings, including safety intervention meetings (SIMs), daily risk assessment meetings (DRAMs) and Rule 45 (where a prisoner is separated from the general population for their own safety or for the good order and discipline of the prison) reviews and it completes segregation reviews four times per week.

From the Board's observations, there has been notable good practice in the care planning and management of acutely unwell patients. This has included using HMP Hull's wellbeing centre to help in the assessment/for respite care for three patients.

Some patients have experienced extended waits for a hospital bed, and there have been challenging discussions with prison colleagues regarding presentation, location, and risk management. Alongside this, the mental health team has, at times, faced challenges in being able to locate unwell patients on the in-patient unit. This has mainly been due to the beds being allocated to non-clinical patients. It has resulted in access assessments or patients being referred to HMP Hull's wellbeing centre as a means of offering them a therapeutic environment.

6.4 Social care

Social care is delivered by the nursing team and one social worker, who is funded by Wakefield Council.

The prison has a contract with Wakefield Equipment Services. Staff are able to make referrals directly to the social worker and can request items to support prisoners, such as profiling beds and raised toilet seats.

The prison has an additional contract with Wheelchair Services, which supplies and repairs wheelchairs for prisoners with mobility issues.

6.5 Drug and alcohol rehabilitation

The Inclusion team (recovery service), under the Midlands Partnership University Foundation Trust, collaborates with PPG to provide psychosocial services for substance users in custody. During the reporting period, Inclusion managed about 68 patients.

Inclusion offers evidence-based interventions for patients using substances, including one-to-one structured treatment, group sessions, and peer support. Patients on opiate substitutes can transition to Buvidal at HMP Wakefield, a slow-release injection that eliminates daily pharmacy visits.

During this period, Inclusion delivered the Inclusion Step Forward Programme for Prisons (ISFPP), which is a four-step group course for those in a structured treatment plan.

Additionally, weekly auricular acupuncture (where specific points on the outer ear are stimulated) has been provided to help with cravings, detox, and mental health relaxation.

Service user forums have been held, to ensure that the service meets the needs of patients on the caseload and to confirm that Inclusion is responsive to patient feedback.

Inclusion has also held a celebration event for patients who have successfully completed group programmes and who have completed treatment or achieved a personal goal.

Furthermore, Inclusion has collaborated with the prison to provide team-building events in the gymnasium to support the recovery community at HMP Wakefield. Additional sessions have been coordinated for various events throughout the year, including Alcohol Awareness Week, Mental Health Awareness Week, Overdose Awareness Day, and Recovery Month.

Inclusion has 11 recovery champions. These are patients who have completed treatment with the service and provide peer support on the wings on a voluntary basis.

Only one Narcotics Anonymous session was held this year, due to security clearance issues for volunteers. Inclusion has trained the team on SMART recovery to provide in-house mutual aid and is exploring online Narcotics Anonymous sessions via 'visionable telerecovery' laptops.

6.6 Pharmacy services

Pharmacy services have significantly improved over the past three years, as shown by the absence of complaints and IMB observations.

In summer 2024, an air conditioning unit was installed in the pharmacy to ensure staff comfort and proper medication storage temperatures.

The Board is aware of instances where prisoners have not presented their identification when collecting medication or have failed to arrive on time.

The long-awaited pharmacy shop opened in February. This has proved extremely popular with the prisoners, who can purchase toiletries and basic medical supplies that are not available via the prison canteen system.

6.7 Concerns and complaints

PPG records complaints differently from the prison complaints system. They are first registered as a concern, then escalated to a complaint if not resolved at the initial stage.

Category	Current reporting year	Previous reporting year	Top three
Concerns	169	288	<ul style="list-style-type: none"> • general healthcare • pharmacy • mental health
Complaints	35	38	<ul style="list-style-type: none"> • written communication • complaint handling • clinical treatment

The role of the patient engagement lead (PEL) has contributed to a significant reduction in concerns made by prisoners this year.

Last year, the Board noted that applications (prisoners' written representations to the IMB) concerning healthcare had fallen by almost two-thirds, to just 13. This year, there have been 12 healthcare-related applications, of which eight were from one prisoner, who complained about the same (unsubstantiated) issue each time.

6.8 The Mulberry unit

The Mulberry unit consists of 14 cells, with typically only 12 being occupied at any given time. This arrangement ensures the maintenance of the desired prisoner-to-staff ratio of 3:1 (compared with 18:1 on the main residential wings). Previously, this high ratio was threatened, due to ad hoc redeployment of staff. However, since February 2025, dedicated staffing for the Mulberry unit, combined with full officer recruitment, has resulted in a significantly more stable routine, which is critical for prisoners house there.

The selection criteria are based on the diagnosis of autism or a high likelihood of being autistic. These individuals may not have received the necessary support during childhood to facilitate a diagnosis and are unable to adapt to the main residence. They may have spent significant portions of their sentence in segregation, due to negative behaviour, or in healthcare cells as a result of victimisation. The objective is to help them reintegrate into normal residency by developing improved social skills and coping strategies. Funding for this initiative is provided by the 'Pathways to Progression' programme, which aims to provide small, dedicated units and avoid segregation.

HMP Wakefield has received autism accreditation from the National Autistic Society. The unit is led by a clinical psychologist. Since January 2025, a full-time psychologist has been appointed to the unit, following a period of part-time coverage (three days a week) since November 2023, due to recruitment challenges.

Despite receiving specialist training, dedicated officers in the unit do not get enhanced pay for their role. Many officers have personal family experiences with autism. They face unpredictable and aggressive behaviour daily. Officers attend monthly meetings with a psychologist to help manage the challenges of their work.

The IMB acknowledges the high quality of work performed by the regular officers and commends them for their dedication to managing these prisoners.

Prisoners learn coping mechanisms to manage stress and anxiety from psychologists and staff. Meaningful conversations and engagement with staff are considered 'work for payment', and some prisoners can take jobs as cleaners or servery assistants. Poor behaviour or disengagement is managed, as with any prisoner, but with more flexibility. Rarely, a Mulberry unit prisoner may be segregated, if justified by their behaviour.

The state of this unit is less than ideal. Located at the end of a wing, it was once used as a segregation unit. Staff believe a more therapeutic environment could be achieved with a better budget, including quieter flooring, softer lighting, and paint for prisoners to personalise their surroundings. Since January 2025, an extensive fabric upgrade has been underway, significantly impacting the prisoners on the unit, due to the associated noise, which can be a trigger for some. In response, staff have implemented measures to mitigate these issues, such as providing ear plugs or ear defenders. Additionally, prisoners are encouraged to listen to music through headphones or spend more time in the sensory room.

The exercise yard is small and mostly bare tarmac, except for a wooden box with a few flowers. However, the unit has recently been given approval to have their own garden area on a disused sports field. A discussion needs to be had with the prison industries HQ land-based activities team to explore the feasibility of them supplying a polytunnel and greenhouse for the space. The staff and prisoners are already planning this for the facility. They are aiming to grow bedding plants and make hanging baskets to be sold to staff, as well as fruit and vegetables to be used in their cooking classes and also to supply the prison kitchen with some items, which will reduce kitchen costs. Any profits from the enterprise will be put towards securing more sensory items for the unit.

Some prisoners on the unit have both autism and a personality disorder. While staff are trained to support autism, they lack training for personality disorders. In some cases, the personality disorder is more dominant, complicating their management. Staff identify these prisoners as needing different accommodation. However, suitable locations are usually not found, leading to a prisoner's deterioration in engagement and progression.

7. Progression and resettlement

7.1 Education and library

Education at HMP Wakefield takes place mainly in 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 segregation unit or the close supervision centre. HMP Wakefield has a specialist centre (referred to as the Mulberry unit), to support those on the autistic spectrum, for up to 12 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 in the specialised units. Information, communication and technology (ICT) is offered from beginner to Level 3. However, this provision changed to essential digital skills Qualifications (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, art 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 8.15-11.45am and afternoon sessions are 2.15-4.45pm.

During the reporting period, there have been 978 prisoner enrolments on to qualification-based courses; in addition, 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 an 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.

For prisoners who are unable to physically access the library, there is an outreach provision, where they can request items via a general application. In these situations, if a prisoner does not have a specific title they would like, they can indicate their general area of interest (e.g. science fiction) and the library will offer a choice of items that might be of interest to them.

Throughout the reporting period, the library handled 864 applications from prisoners, including those in the segregation unit, the close supervision unit and the healthcare centre (down 10% on the previous reporting year). In addition to this, the library also regularly accepts requests for books to be sourced from other Wakefield libraries. The library also has a budget to buy books not held in stock and prisoners can use their own money to pay for books (for the recommended retail price) that can be ordered by department staff. There are security protocols in place to check that material requested/ordered is appropriate.

Visitor sessions remain approximately the same, with access to books, CDs, DVDs, audio books, magazines and legal materials. Ten prisoners can visit in the morning and ten in

the afternoon on rotation, giving a total of 20 each day, four days a week. The four residential wings visit in rotation. If a prisoner misses a visit because they are working elsewhere, the librarian will accommodate a visit for them when they can attend.

Prisoners who are resident on the Mulberry unit have their own session in the library and there is a small selection of books and DVDs in the healthcare centre for prisoner use. The library holds material that is specifically of interest to those who are neurodivergent, minority ethnic groups, the visually impaired and the educationally disadvantaged, plus foreign national prisoners.

Class visits continue, with tutors bringing prisoners to the library to carry out research related to their courses. Prisoners can apply to the business hub to order newspapers and magazines, which are paid for out of their wages.

The librarians coordinate the Turning Pages programme (organised by the literacy and numeracy charity, the 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, which 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. There are initiatives to encourage prisoners to read and give feedback on what they have read in the form of a book review. One such scheme (Bookflix) rewards the best review with a monetary credit each month.

7.2 Overall strengths and areas for improvement

From our observations, we believe that 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 neurodivergent 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 neurodivergent 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.

From our observations, we believe the following areas 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.

From our observations and our conversations with all stakeholders (teaching staff, support staff, the leadership team, learners and prisoner mentors), the Board's overall views are as follows:

- Learning and skills development is actively promoted and supported by highly motivated and professional staff. There is an overall sense of pride in the work that is done.
- Prisoner learners thoroughly engage with learning opportunities and, in every instance when we were able to speak to them, were keen to say how much they enjoy the classes and, indeed, look forward to them.
- There is a culture of inclusion and joining everyone in. Making progress is an embedded feature of the work done. There is evidence of prisoners, who might be described as insular and detached in their life on their wing, being more open and communicative when in a learning environment.
- The programmes available provide pretty much something for everyone, from barbering to producing slideshow presentations, art classes to textile skills, and music production to the basics in English and maths.
- Outreach learning is well supported.

For future progression, the Board notes the following

- The librarian is a local council employee (not HMPPS). Due to the necessary security vetting, if the librarian is not at work (holidays, etc), then the library cannot open. There does not appear to be any contingency plan for when this situation arises.

8. The work of the IMB

Board statistics

Recommended complement of Board members.	11
Number of Board members at the start of the reporting period.	9
Number of Board members at the end of the reporting period.	11
Total number of visits to the establishment.	322
Total number of segregation reviews attended.	38

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	18	10
B	Discipline, including adjudications, incentives schemes, sanctions	16	5
C	Equality	3	1
D	Purposeful activity, including education, work, training, library, regime, time out of cell	8	9
E1	Letters, visits, telephones, public protection restrictions	12	6
E2	Finance, including pay, private monies, spends	5	5
F	Food and kitchens	6	2
G	Health, including physical, mental, social care	13	12
H1	Property within this establishment	18	11
H2	Property during transfer or in another establishment or location	3	2
H3	Canteen, facility list, catalogue(s)	3	4
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	3	10
J	Staff/prisoner concerns, including bullying	30	30
K	Transfers	0	3
L	Miscellaneous, including complaints system	32	22
	Total number of applications	170	132



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