



Chair, Independent Monitoring Board
HMP Wakefield
5 Love Lane
Wakefield
WF2 9AG

MoJ ref: SUB132459

6 March 2026

Dear Chair,

**HMP WAKEFIELD: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR
1 APRIL 2024 – 31 MARCH 2025**

Thank you for your Board's detailed annual report. It is clear that your monitoring has once again been thoughtful, fair-minded and rooted in a genuine concern for the wellbeing of prisoners and staff. I am grateful to every member of the Board for their dedication, particularly within the demanding environment of a long-term and high security establishment such as HMP Wakefield. When I visited HMP Wakefield in December 2025, I welcomed the opportunity to discuss some of the themes highlighted in your report in more detail.

I want to express my sincere sympathy following the nine deaths in custody during the reporting year. Each death represents an immeasurable loss to those who knew these men and I extend my condolences to their families and friends. I also recognise the steady and compassionate response from staff, chaplaincy and the safer prisons team at these difficult times and I assure you that all recommendations from the Prisons and Probation Ombudsman are taken forward with full seriousness.

This year's report again reiterated the longstanding challenges in securing timely transfers to secure mental health hospitals for men whose needs cannot be met in a custodial environment. I understand how distressing delays can be for the individuals concerned and how difficult they can be for staff and the multi-disciplinary teams working with them. The Mental Health Act 2025 now introduces a statutory 28-day time limit for transfers from prison to hospital, ends the use of prison as a place of safety and prevents courts from using remand for "*own protection*" where the sole concern relates to mental health. These reforms represent a significant and necessary change designed to shorten delays and ensure that those requiring clinical intervention receive it promptly in an appropriate setting. Currently, operational work to implement these changes is underway across HMPPS, NHS England (NHSE) and other health and justice partners. This includes the development of a statutory notice process to trigger and scrutinise transfer timelines, strengthened oversight through the Mental Health & Justice Strategic Advisory Group and regional escalation meetings with healthcare providers and commissioners. A pathway pilot at HMP Leeds is also testing ways to improve transfer processes and will inform practice across the estate, including at HMP Wakefield. Within the Long Term and High Security Estate (LTHSE), the Pathways to Progression programme is already offering enhanced clinical planning support, including through a commissioned consultant forensic psychiatrist.

You ask that the Governing Governor's responses be incorporated within the ministerial reply. I understand the intention behind this request, however, in the interests of fostering a constructive local relationship, I believe matters for the Governor are best discussed directly and face-to-face, where context can be shared and operational nuance fully explored. This preserves clear accountability and ministerial replies appropriately address national policy, while local operational matters are most effectively progressed through direct engagement between the Board and the Governor. I am grateful to you for maintaining that dialogue.

The significant reforms contained in the Sentencing Act, which received Royal Assent on 22 January 2026 will provide the Courts with options to end the cycle of less serious offenders going in and out of prison. Whilst not part of the Act, this coincides with our decision to sanction the biggest ever expansion in tagging and the use of restriction zones to better protect victims. Alongside this, the probation budget will be increased by up to £700 million over the next three years to bolster community justice, including the probation service's resource and ability to tag offenders. The government is also investing in new technology to reduce admin so staff can focus on work that reduces reoffending.

I was encouraged to read your reflections on the progress made across the establishment. The continued stabilisation of the Mulberry Unit, supported by the appointment of a full-time psychologist earlier in 2025, is clearly helping some of the most complex men to manage their daily lives more effectively. I also welcome the substantial fall in Assessment, Care in Custody and Teamwork (ACCT) opened this year and the improvements you highlighted in healthcare and education, particularly for those with neurodivergent needs. The dedication of the staff and Governor is to be commended, who have driven these improvements and has addressed your concerns about the safety of vulnerable prisoners by completing a full population review at the end of 2025 and introducing a new risk assessment process for allocations to HMP Wakefield, especially with continuing pressures created by ageing workshop infrastructure and has introduced a part-time regime to help ensure that prisoners are still able to access meaningful activity while longer-term solutions progress.

I note that your report has also raised some local concerns. The Governor will continue to keep you informed of any developments regarding the matters you raise for her attention. HMPPS's comments in response to the other issues raised in your report are set out in the attached annex.

The Deputy Prime Minister and I very much appreciate the valuable role played by all members of the Independent Monitoring Boards operating throughout the prison estate and we are grateful for your ongoing dedication on behalf of HMP Wakefield.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'James', written in a cursive style.

Lord Timpson
Minister for Prisons, Probation, and Reducing Reoffending

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HMPPS comments on matters raised in the report

Safety of staff in the Close Supervision Centre (CSC) and Segregation Unit

HMP Wakefield has taken significant steps to strengthen safety for staff working in the CSC and in the segregation unit. These areas benefit from higher staffing ratios with officers selected for their experience and specialist training in managing challenging behaviour. Psychology colleagues provide detailed assessments of each prisoner, outlining individual triggers and risks, and staff receive daily briefings on each man's presentation. A weekly dynamic risk assessment meeting sets the appropriate staffing levels required for unlock, ensuring staff actions remain closely aligned to current risk. Following a serious assault, the national Central Management Group conducted a detailed review and its recommendations have since been implemented at Wakefield and more widely across the CSC system. A revised unlock protocol is now firmly embedded and is being extended to segregation. Officers are supported through personal protective equipment, specialist training provided with the assistance of the National Tactical Response Group and the use of gated cell designs that allow controlled engagement. The clinical model that underpins CSC practice continues to promote safer, more therapeutic interactions and staff wellbeing is supported through regular psychology led supervision and annual health checks.

Infrastructure condition, maintenance and impact on regime delivery

HMPPS continues to prioritise investment across the estate according to risk to life, operational capacity and decency. At HMP Wakefield, a range of proposals have been developed following national condition surveys. Bids have been submitted for workshop roof reviews and upgrades to cell power, although these are not currently funded. A major upgrade to the security systems is progressing through the national assurance process. Importantly, a fire-safety and LED lighting programme is now underway within the establishment, with full completion expected in 2029. Proposals within the wider investment pipeline include new roofs for Workshops A and B, additional CCTV provision, further lift capacity and early stage work on anti-drone and heating system improvements. While these decisions must be prioritised within a limited funding envelope, the Governor has introduced a part-time regime to broaden access to purposeful activity while works progress and until workshop capacity improves.

Prisoners substantially over-tariff serving IPP sentences

The Ministry of Justice remains determined to support safe and sustainable progression for individuals serving IPP sentences. The refreshed IPP Action Plan, published in July 2025, builds on previous commitments by strengthening frontline practice, ensuring that prisoners have robust sentence plans and are held in establishments that best support their rehabilitative needs. The introduction of measurable targets has increased accountability and transparency and represents concrete progress since last year's response. Within the LTHSE, HMP Wakefield participates in regular reviews of individual's progress to ensure risks are understood and managed appropriately.

Unavailability of the astroturf sports pitch

Previous bids for both full and partial refurbishment of the pitch were unsuccessful. A new proposal now being developed would reinstate half of the pitch as a fenced multi-sport area, while transforming the remaining area into gardens and polytunnels that would support purposeful, environmentally focused activity. This concept requires further funding and remains subject to national prioritisation against risk to life, capacity and decency. Discussions with Prison Industries are ongoing and this represents meaningful progress since last year's position, where no viable alternative proposal existed.

Delays in mental health transfers to secure hospitals

HMPPS and NHS England recognise the operational challenges that contribute to delays in securing hospital placements for prisoners whose mental health or personality disorder needs exceed what can be safely managed in custody. These delays are frequently caused by the availability of suitable beds within the secure hospital system, as well as by the need for further specialist assessments to determine an individual's clinical suitability for a particular facility. In order to manage these pressures, regional healthcare commissioners and providers meet at regular escalation meetings where individual cases are discussed in detail, progress is monitored and any emerging obstacles in the transfer pathway are explored and addressed collaboratively. Alongside this, quarterly contract review meetings examine transfer and remission data in order to identify trends, recurring challenges and areas where further operational improvement is required. Work is underway across the region to improve the consistency and quality of data reporting, and a working group established by NHSE and HMPPS is examining practical barriers to timely transfers, drawing on learning from the pilot taking place at HMP Leeds. Within the LTHSE estate, the Pathways to Progression framework continues to offer clinical planning support for complex men, including guidance on how establishments can maintain stability and appropriate care while an individual awaits transfer to hospital.