



Annual Report of the Independent Monitoring Board at HMP Wakefield

**For reporting year
1 May 2021 – 30 April 2022**

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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 sexual offences. The prison roll is circa 740 including approximately 150 category A prisoners and no more than 10 category A 'high-risk' prisoners.

There are four residential wings: A, B, C and D. All cells are of single occupancy except for a small number of accessible cells that contain sufficient space for a prison 'carer' to reside. Prisoners are also held in the healthcare centre, 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; Prison Rule 46), both being in F wing. The CSC operates under a 'national co-ordinated management strategy' to provide a secure isolated location for those prisoners who are assessed as consistently and violently disruptive. The main prisoner facilities provided comprise wing kitchens, snooker and pool tables, a gymnasium, a library, external exercise spaces, a chapel, education and workplaces. During the reporting period, the following services were supplied by contract: healthcare services were provided by Practice Plus Group; education provision by Milton Keynes College; maintenance was delivered under contract to Amey and prisoner transport (for non-category A prisoners) was provided by GEOAmey.

Table 1: Annual comparison of the population profile at HMP Wakefield

	March 2022	April 2021
Unsentenced	2	4
Over 4 years, less than 10 years	23	21
10 years and over	324	343
Life	339	295
Total population	717	705
Number of category As	161	154
Number of category A remands/JR/awaiting extradition	0	0
Number in healthcare	10	9
Number of high-risk prisoners	10	6
Number in outside hospital	0	2

3. Executive summary

3.1 Background to the report

This report presents the Board's views on the conditions of custody at HMP Wakefield during the reporting period 1 May 2021 – 30 April 2022. In arriving at our judgments, we drew on an evidence base that includes evidence gathered through in-person and remote monitoring, attendance at bi-weekly Prison Rule 45 review boards, local management committees, prisoner representation bodies, and dealing with specific prisoner applications to the Board including those received under confidential access to the chairperson.

This report covers a period whereby HMP Wakefield was required to implement the 'COVID-19: National Framework for Prison Regimes and Services'; the approval for transition to Stage 1 of the framework was given by HMPPS at the end of March 2022. We believe that the 'prisoner council' and the 'rehabilitation culture committee' were integral to discussions on the transition and have supported the prison management in communications to the general population.

From 1 April 2022 the regime allowed for the mixing of the wings' populations. This resulted in increased provision of workshops, education, and visits. Prisoners could exercise together. Structured on-wing activity (known as 'association') moved to evenings from Monday to Thursday and Friday afternoons. Wing kitchens have been reopened and enhanced with additional equipment such as toasters, microwaves, and grills. This has been well received by prisoners. The prison has additionally invested in other equipment to further support time when prisoners are out of their cells. For example, the prisoners have been provided with access to 'arcade-style' computer games which have proved popular, especially with the older prisoners who may not always have access to in-cell distraction activities of this kind.

3.2 Main judgements

How safe is the prison?

On the whole, the Board considers HMP Wakefield to be a safe prison. However, there was a small increase in assaults (see section. 4) which is likely to be explained by the increased level of association between prisoners during the transition out of the Covid-19 framework.

There was a total of 241 use of force (UOF) incidents during the reporting period, an increase of 49 on the previous reporting year.

On occasion, older prisoners have reported their experiences of bullying to us – primarily by younger prisoners who sometimes exhibit behaviours that are unsettling in an environment such as Wakefield. Younger prisoners, some of whom are in custody for non-sexual offences, have expressed their concerns with the policy of an integrated population at Wakefield (i.e. no separate accommodation for prisoners who are, by virtue of their index offence, vulnerable in the main population). The prison continues to operate a fully integrated regime, save for the Mulberry unit, healthcare and F wing (i.e. under Prison Rule 53, 45 and 46).

During the reporting period, a televised Channel 5 documentary featured external aerial footage of HMP Wakefield, which appeared to be obtained through the operation of an unmanned aerial vehicle within restricted airspace (as defined by the National Air Traffic Service UK AIP (Section ENR 5.1 Prohibited, Restricted and Danger Areas)). The use of drones within the restriction zone is a serious threat to the security of the prison and could place prisoners and staff at risk of harm.

How fairly and humanely are prisoners treated?

On the whole, the Board considers the treatment of prisoners at HMP Wakefield to be consistent with the expectations of the United Nations Optional Protocol (OPCAT).

We are minded to believe that prisoners at HMP Wakefield are not treated fairly in relation to in-cell telephony access; the impacts were acutely felt during the pandemic. Prisoners spent significant periods of time in isolation without regular access to the telephone (unlike other LTHSE establishments where in-cell telephony is available). Prisoners have reported to us that isolating and clinically vulnerable prisoners were particularly affected by the challenges of accessing the fixed PIN phones on the landings.

How well are prisoners' health and wellbeing needs met?

We believe that the healthcare needs of the prisoners at HMP Wakefield are not always being met. We are concerned that the procedures for administering prisoner concerns and complaints are insufficiently robust and that this leads to avoidable frustration amongst prisoners and HMPPS staff.

In this report, we evidence weakness in procedural fairness – most notably in relation to the 'concerns and complaints' system administered by the healthcare contractor. In the ministerial response to our 2020-21 annual report, HMPPS explained that '[it] is not responsible for the management of healthcare complaints and concerns. Practice Plus Group (Lead Healthcare Provider) is required to manage all complaints and concerns in line with the NHSE/I National Complaints process, not HMPPS complaints policies. Complaints and concerns are reviewed on a monthly basis via Practice Plus Group's embedded Governance Processes. Figures, themes and trends are shared with the NHSE/I Commissioning team as part of the routine quarterly contract monitoring process.'

We do not believe that the monitoring of the contract in this respect is either robust or effective.

The Board does not have access to the data provided to the NHSE/I commissioning team as part of the routine quarterly contract monitoring process and is therefore concerned that our ability to monitor transparency is significantly impaired. Therefore, we have no confidence in the contractor's competence to administer the concern and complaints system in a procedurally just way.

In our 2020-21 annual report we described how one prisoner was taken to outside hospital for treatment, following an act of extreme self-harm, and that information we received from the prison suggested to us that the prisoner's health needs may not

have been met by the NHS. The matter was the subject of a formal complaint against the NHS Trust concerned. We understand that the complaint did not result in any further action. The Board remains dissatisfied that the material facts of the initial complaint appear not to have been addressed.

Opportunities for physical activity are crucial in HMP Wakefield; aside from the well evidenced benefits of regular physical activity, there are passive benefits in the form of reduced violence and self-harm. The artificial playing surface remains out of use and there are no concrete plans in place to recommission it.

How well are prisoners progressed towards successful resettlement?

It remains the case that resettlement work is not a significant activity at HMP Wakefield. Prisoners are largely engaged with programmes that are designed to address offending behaviour of the type that attracts long duration life-sentence tariffs or fixed-term sentences. Nevertheless, the assessment and interventions team continue to work closely with other departments in the prison including the offender management unit (OMU) and probation to ensure that prisoners are given the required support, advice and supervision to reduce their risk and ultimately, progress to other establishments outside the LTHSE estate.

3.3 Main areas for development

TO THE MINISTER

We ask the minister to act in respect of prisoners at HMP Wakefield who are substantially over tariff and subject to the consequences of the now discredited 'sentences of imprisonment for public protection' (see Criminal Justice Act 2003).

This is a repeat request from our 2020/21 annual report.

We ask the minister to explain how the government intends to address longstanding and yet unresolved problems with the assessment and transfer of prisoners who present with serious mental health and personality disorders from HMP Wakefield to hospital (section 47, Mental Health Act 1983). **This is a repeated concern that appeared in our 2015-16, 2016-17, 2018-19, 2019-20 and 2020-21 annual reports.**

We ask the minister and his/her officials to explain how the ministry perceives the performance of prisoner healthcare at HMP Wakefield when compared against the performance specification in the contract.

TO THE PRISON SERVICE

In our 2020-21 annual report we asked HMPPS to clarify if the complaints procedure for healthcare provision at HMP Wakefield is audited in line with standard complaints made under the COMP1/2 procedures. The Board is not satisfied with the procedures for dealing with prisoner complaints (or concerns). **We ask HMPPS to clarify what action is being taken to remedy this and ensure that the healthcare**

contractor provides a robust approach to prisoner complaints and that responses are consistent with the principles of procedural fairness.

We repeat our request in the 2020-21 annual report to ask HMPPS to clarify progress on the integration of the SystmOne project led by the Ministry of Justice's digital team. The HMPPS response to our previous annual report states 'SystmOne Project HMP Wakefield is currently awaiting funding for In-Cell Telephony. A survey is planned to gain an understanding of the costs associated with the implementation, however, at present there is not a set date for installation'. To clarify, SystmOne is the NHS electronic records system and is not in-cell telephony.

We repeat our recommendation in the 2020-21 annual report and ask HMPPS to explore the possibility of implementing a nationally available set of legal resources for prisoners, including easy access to Prison Service Orders and Instructions.

The 'astroturf' sports pitch has been unavailable for at least two years. The pitch provides much needed opportunities for physical exercise and improved health outcomes for prisoners. **We ask HMPPS to specify what action is being taken to provide funding to recommission in sports pitch.**

We repeat our request to the Governor of HMP Wakefield in the 2020-21 annual report and ask HMPPS to clarify if (or when) in-cell telephony will become available to prisoners at Wakefield.

We ask HMPPS to consider if it is necessary for the prisoner's index offence to be highly visible on the opening page of the prisoner record on the Digital Prison Services systems (this was not the case with the legacy P-NOMIS system).

The ACCT 'system' remains wholly paper based. This means that ACCT data produced by staff and IMB members in the form of contemporaneous notes and entries into a prisoner's ACCT file are disaggregated from healthcare data contained in NHS SystmOne and operational data in HMPPS Digital Prison Services (formerly C-NOMIS). This inhibits information sharing between prison officers, governors, registered nurses and allied healthcare professionals in situations where a prisoner is at risk of suicide and/or self-harm. **We ask HMPPS to clarify what measures are in place to enable the efficient and timely sharing of data from disparate systems.**

TO THE GOVERNOR

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

Purposeful activity – we are concerned that too many men are not meaningfully engaged in education or work opportunities.

Prisoners' pay inconsistencies – we are concerned that some prisoners are in receipt of lower levels of pay than at other establishments (for similar work) or by virtue of their educational attainment.

Dirty protest additional payments for staff – a number of officers have expressed dissatisfaction with the current policy. The Board is very sympathetic to their concerns, primarily due to the poor natural ventilation on the segregation unit where dirty protest incidents are managed.

Key workers – there is some evidence of staff referring prisoners to the IMB rather than dealing with matters themselves. Keywork provides an opportunity for staff to engage with prisoners and resolve issues without the need to access the IMB. Our data (see 'the work of the Board') suggests that the present level of applications received by the board is unsustainable.

3.4 Progress since the last report

The Board continues to receive excellent resources in the form of a highly competent and experienced clerk, two new IT terminals operating on the new Ministry of Justice's IT platform, a printer, a document scanner and access to the Digital Prison Services system.

Evidence sections 4 – 7

4. Safety

HMP Wakefield continues to provide a fully integrated regime and has no separate provision for prisoners who might otherwise be managed separately by virtue of their offence or vulnerability whilst in custody. Dynamic risk management is required to ensure that a decent and humane environment prevails. In more recent times, the population profile has changed, thus placing greater emphasis on the need for intelligence informed prison management. The care and welfare of an increasingly elderly population and the associated health and mobility challenges are concerning to the Board and will continue to be monitored.

The Board considers HMP Wakefield to be a calm environment despite its challenging prisoner mix and changing population profile.

4.1 Reception and induction

The number of new receptions remains low.

During the reporting period, there were no recorded late arrivals into the establishment.

We are satisfied that the arrangements for reception of prisoners into HMP Wakefield are robust, this entails a full search including the use of a body scanner.

We find no evidence of inadequacy in prisoner escort records (PERs / e-PERs) and their preliminary screening. All initial identification of vulnerability and risk is via the establishment's reception induction booklet, healthcare screening and/or safer prison induction.

The quality, quantity and effectiveness of induction arrangements have been limited during the Covid-19 framework. The reverse cohort unit (RCU) was used to temporarily locate new prisoner arrivals prior to being integrated into the general population – this was to prevent transmission of Covid-19. All prisoners were seen on a one-to-one basis whilst initially located on the RCU and we believe that this has been managed satisfactorily.

4.2 Suicide and self-harm, deaths in custody

The Board regularly witnesses the deleterious impacts of serious mental ill-health amongst the prisoner population at Wakefield; it is clear to us that non-clinical staff at HMP Wakefield regularly find themselves dealing with situations that are a consequence prisoner frustration with access to mental healthcare.

The number of, and trends in, self-harm incidents totalled 444 (similar to the previous year of 437) involving 70 individuals, of which 65% were by cutting. Most self-harm incidents occurred between the hours of 2pm – 7pm, with the highest number on Thursdays.

Each incident of self-harm is recorded on the incident log and the appropriate documentation is completed by staff. An 'Assessment, care in custody and teamwork' (ACCT) document is opened if the prisoner is not currently on an open ACCT.

ACCT version 6 was launched in July 2021. Work has continued throughout the reporting period to increase understanding and awareness of this new document, including the safer prisons team delivering staff training during training shutdown days. Both the safer prisons team and the residential custodial managers undertake a weekly quality assurance. This is monitored via the daily report and all reviews were reported as being completed on time.

The ACCT 'system' remains wholly paper based. This means that crucial ACCT data produced by staff and IMB members in the form of contemporaneous records is disaggregated from information contained in NHS SystmOne and HMPPS Digital Prison Services (formerly C-NOMIS). The board is minded to believe that these arrangements are unacceptable and inhibit a full understanding of each prisoner who is identified at risk of suicide and self-harm.

Listeners and safer prisons representatives continued to work in their parent wing bubbles on a rota system and have also worked on a rota during the core day to enable prisoners' to access their services.

Without in-cell telephones, access to the Samaritans phones available using the telephones located on each wing landing are available and digital enhanced cordless technology (DECT) phones. Additionally, the Samaritans have continued to attend the prison for their fortnightly prisoner sessions throughout the reporting period.

There were two deaths in custody during this period, compared to 14 the year prior. Both of these were recorded as being due to terminal cancer. The Board believes that each death was appropriately and satisfactorily managed in a respectful and dignified manner with the use of family liaison officers to engage with and notify relatives to provide appropriate and timely support.

There were two Prisons and Probation Ombudsman (PPO) and Coroners' independent inquests during this reporting period, both of which were reported as self-inflicted deaths.

4.3 Violence and violence reduction, self-isolation

The Board believes HMP Wakefield continues to be committed to providing and maintaining a safe environment for all who live, work, and visit this establishment and considers that it is a calm and safe habitation despite its challenging population mix and changing profile. The influx of younger prisoners continues to raise concerns amongst the existing elderly population with regards to bullying and harassment.

Prisoner on prisoner assaults totalled 51 (an increase from 44 in the previous reporting period) of which four were serious. Prisoner on staff assaults remained the same at 57, of which four were serious. The majority were recorded as

uncategorised followed by retaliation and non-compliance. There was more violence recorded between 2pm-4pm than at other times of the day, and the most incidents were recorded on Saturdays. There was an increase in prisoner assault on staff by spitting.

There were 49 prisoners supported via a challenge, support and intervention plan (CSIP) during this reporting period. CSIP was relaunched in January 2022 with additional training provided for staff which has seen an improvement in the quality of referrals, investigations, and reviews. CSIPs are monitored daily via the daily report, weekly via the safety intervention meeting, and a monthly quality assurance is undertaken by the safer custody custodial manager.

Bullying is managed within the CSIP policy with support CSIPs for the victims. There were no reported staff concerns regarding gang activity during this period.

There is no vulnerable prisoners unit at Wakefield.

There were only two prisoners reported as being managed for non-Covid self-isolations during this reporting period and both were successfully integrated into the normal regime following the self-isolation policy. This is monitored and discussed at a weekly safety intervention meeting. All prisoners isolating due to Covid-19 were managed within their own (single) wing cells.

4.4 Use of force

There was a total of 241 use of force (UOF) incidents during this commentary period, an increase of 49 from the previous report. The use of rigid bar handcuffs has been introduced and their use has contributed to the increase in UOF rather than due to violent incidents.

Handcuffs has seen the biggest increase during this period for re-location and as a de-escalation technique. There continues to be a low PAVA deployment rate with only one occurrence recorded during this period (compared to being deployed twice previously). This was following a threat to staff during an investigation. Batons were also only deployed once throughout this period during a staff hostage situation with no injuries reported. During the last reporting period batons were used 5 times.

During the reporting year the national teams were deployed to the establishment on 11 occasions. This was for incidents at height (prisoners on the landing nettings). Each occurrence during this period was recorded as a non-intervention as all attendances were resolved by a prisoner surrender. There were also no targeted cell searches performed by the team.

4.5 Preventing illicit items

Over the last year it has been again reported that illicit drug use by prisoners has remained constant. This has consisted of the inappropriate usage of prescribed

medicines such as pregabalin, the use of substances such as Spice and the brewing of hooch.

The monitoring and review of substance misuse continues to be taken seriously by the establishment who incorporate routine random prisoner testing by the drug management team (DMT) together with regular searches made by the team's trained dog. The use of the 'Rapiscan' machine has also assisted in curtailing the volume of illicit drugs entering the establishment.

We are aware of the problem of drug debts, and that it has led to identified violence between prisoners and/or the manipulation of some prisoner's canteen sheets.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

The prison has reviewed and extended the supplier list from which prisoners are able to purchase items such as clothing. This has given prisoners more choice regarding their personal items.

The kitchen has coped extremely well in being able to meet the needs of the prisoners during the reporting period. It has faced staffing, workforce, and equipment challenges along with more recent food supply problems.

Through most of the reporting period (May 2021 to the end of March 2022), due to Covid, the kitchen workforce has been depleted by half as only prisoners from two wings were able to work. As a result of this, the kitchen has periodically had to reduce the number of meal options. From April 2022 the kitchen has been able to reinstate the full workforce and deliver the full menu range.

Over the last three months (February-April 2022) the kitchen has experienced various food supply challenges. Avian flu has impacted on the supply of eggs. Some items such as crisps have been difficult to source. Often suppliers make substitutions, but these are not always appropriate. An example given to the IMB was that powdered gelatine was substituted for bread improver. These shortages have meant that the kitchen has not always been able to deliver the exact meals that prisoners have ordered. However, the kitchen sends notes to the prisoners apologising and explaining why they received substitutions on their meals.

One of the biggest challenges the kitchen has had to face is having the adequate equipment in working order to prepare food for the prison population. For too long a period the kitchen has been without essential equipment due to maintenance issues. For example, four out of eight ovens and one of two dishwashers have been awaiting repair for over a year. During Ramadan, the kitchen required additional oven space for the Reiber insulated boxes containing the prisoners' iftar meals. This resulted in staff working through lunchbreaks and then having to be given time off in lieu, which in turn impacted on prisoners. The Board remains concerned that the Governor's ability to influence maintenance service delivery in HMP Wakefield is significantly constrained by the outsourcing of maintenance provision to an external contractor.

5.2 Segregation

The segregation unit (F wing) continues to manage prisoners who present with incredibly complex and volatile behavior that is often the antecedent to violence against staff. We remain concerned by the effects of long-term segregation of prisoners in a building which is impoverished in the respect of poor natural light and ventilation.

The time taken to address the mental health issues of certain individuals and those who have spent an extraordinary amount of time within segregation remains a concern. The Board acknowledges the positive steps taken to progress prisoners into the normal population whenever possible and understands the complexities and challenges those certain individual prisoners may present.

Members of the Board have specifically visited the unit on occasions where a prisoner has recently commenced or maintained a long-duration 'dirty protest'. Typically, a prisoner will cover themselves and their accommodation in excrement including the inner gate to the cell. The impacts of a dirty protest are deleterious and can have a significantly disruptive effect on the regime. The stench can be unbearable at times, particularly during periods of hot weather; natural ventilation within the segregation unit is very poor and this invariably leads to an unpleasant working and living environment. The frequency and duration of these events are on the increase during the reporting period.

The Board believes that HMPPS's current policies in relation to additional pay for staff working in these conditions are insufficient given the prevailing physical conditions of the building.

The Board continued to attend Prison Rule 45 boards by phone or in person during the reporting period, supplemented by quarterly attendance and a written report at the segregation monitoring and review group (SMARG).

In our 2020-21 annual report we highlighted one prisoner who had spent a considerable amount of time on Prison Rule 45. That same prisoner has since left the establishment. However, concerns were raised as he was released from custody after spending in excess of 1,400 continuous days in segregation at the time of his release into the community.

5.3 Staff-prisoner relationships

Generally, the relationships between the staff and the prisoners are good. This is evidenced by a calm atmosphere with most staff knowing the prisoners well, and therefore able to communicate effectively. During lockdown, the key worker scheme was reduced to a very basic level of engagement. However, there was a priority group of around 120 men who have continued to receive weekly key worker sessions of up to 45 minutes. These men were identified as vulnerable and included prisoners on an open ACCT, prisoners who had the potential to self-harm, prisoners who had mental health issues or were seen regularly by the mental health team and those prisoners with learning difficulties or disabilities or who fell within the autism spectrum. Additionally, all Terrorism Act (TACT) prisoners were in scope. HMP Wakefield staff carried out and recorded short daily welfare checks on all prisoners and this information was usually recorded on the C-NOMIS system. Since the lockdown ended and the prison returned to a regime similar to pre-Covid, the key worker scheme has been allowed to return. This hasn't been without its teething problems due to new staff and prisoners having to find out who is assigned as whose key worker, however these challenges have been taken in their stride.

The staff team must be commended for their detailed, pertinent and objective entries on the P-NOMIS system.

The prisoner forums were halted due to Covid-19 and a great deal of feedback from wing-based prisoners was not available. These meetings have since resumed, although initially there was a struggle to receive input from the appropriate representees. Despite this, engagement has picked up and appropriate

representation has become satisfactory. The Board feels that it is very important to maintain meetings and contact with prisoners to promote safeguarding and these need to be reinstated as soon as practicable.

5.4 Equality and diversity

HMP Wakefield has a named lead on the senior leadership team for each of the nine protected characteristics. Additionally, members of staff have volunteered to be equality representatives for each characteristic. They provide a single point of contact, a link between the prisoner and equalities, and promote equality across the prison.

From January 2022 after Covid restrictions started to be relaxed, the prison reintroduced regular prisoner forums where prisoner representatives can express the views of the prisoners. Some groups, e.g. the prison equalities action group (PEAG), meet bi-monthly. Some groups, e.g. the Black, Asian and minority ethnic (BAME) forum, the foreign national forum and the equalities forum, meet monthly. An immigration officer visits the forum for foreign nationals and is available to speak to prisoners. The group representing older prisoners meets twice weekly. HMP Wakefield has around 30 young adults. Consultations in focus groups with these prisoners have resulted in a programme being devised whereby they gain valuable life skills such as cooking, managing finances and parenting. The prison is also responding to this group's requests for arts, music, and creative writing sessions. During the reporting period the young adults have designed artwork for the rooms in the education department.

HMP Wakefield has supported a variety of joint equality events for prisoners and staff. For example, the prison secured a curator from Wakefield's museum service to deliver a presentation to staff and prisoners about women's history in the Wakefield area. Other initiatives have included structured sessions on neurodiversity which included presentations on autism and a screening of the film *The A Word* for both staff and prisoners.

HMP Wakefield has a group of around 12 transgender, non-binary and genderfluid prisoners. Provision has been made for these prisoners to order items that meet their needs such as toiletries, cosmetics and clothing. These prisoners tell us that they are pleased with the effort the prison has put into them being able to secure these items and are grateful that they can now order nail varnish (for example) through the Avon catalogue.

The prison employs a sensory assessment technique to inform decisions about making reasonable adjustments for those prisoners on the autism spectrum. This year has also seen the introduction of a sensory room which can be accessed by any of the prison population as well as those prisoners identified as being on the autism spectrum. The sensory room has a calming environment with soft lighting, music, bubble tubes, large bean bags and sensory toys/equipment. Key workers often make use of this room for their sessions with prisoners and for ACCT reviews.

There are only four cells suitable for disabled prisoners or wheelchair users at HMP Wakefield, which is insufficient.

The Board has monitored the systems in place for processing discrimination incident reporting forms (DIRFs) at Wakefield. The Board has sampled both DIRFs and those submissions deemed not to qualify as a DIRF. If a submission is not deemed to qualify as DIRF the prisoner is given advice about what they may do to follow up their issues. The DIRF documentations and outcomes are also sampled by prisoners at the PEAG meetings. Every DIRF had been quality assured by the deputy governor who also provided feedback. The Board has seen evidence of DIRFs submitted by staff. The Board would like to commend the prison for the quality and depth of the work and the transparency the prison has achieved in this area.

Table 2 shows the number of DIRFs submitted by prisoners during the reporting period. The 2020-2021 figures are shown in parentheses.

Table 2: Number of DIRFs from May 2021 to April 2022

Equality strand	Number submitted	Number rejected as not DIRFs	Number of DIRFs upheld
Race	56 (73)	35 (25)	15 (27)
Religion/belief	15 (8)	8 (12)	0 (2)
Sexual orientation	5 (17)	0 (5)	2 (6)
Gender	9 (23)	8 (12)	0 (6)
Disability	41 (31)	41 (58)	4 (1)
Age		2 (1)	
Not identified		2 (14)	
Total	126 (152)	96 (127)	21 (42)

5.5 Faith and pastoral support

The chaplaincy has responded to the various changes necessitated by the required Covid stage throughout the reporting period. When the prison was operating on Stage 3, in-cell materials and cell visits from appropriate chaplains to support prisoners' faiths were provided. Chaplains also conducted a planned programme of visits to prisoners identified as a priority for general pastoral support, varying from daily to occasional visits. As restrictions became more relaxed, fortnightly in-person worship sessions were offered. This presented challenges as sometimes there were regime clashes and prisoners had to choose between worship and accessing domestic opportunities. By the beginning of April 2022, weekly worship sessions were offered to Christian, Muslim, Jewish and Pagan groups, and a meditation group was offered to those prisoners who do not identify as being of a particular faith.

During the pandemic, the chaplaincy service was designated as essential workers and were enabled to enter the prison. While the team remained resilient and managed to maintain service levels, the faith diversity of the team was hit. Initially only Muslim, Anglican, Roman Catholic, and Free Church chaplains continued attending the prison. In time, the Pagan and Jewish chaplains also attended. Moving into recovery, it has been a challenge to bring the team back up to full provision. The Quaker chaplain returned and there is a new Jehovah's Witness chaplain, a Church of Jesus Christ of Latter-Day Saints chaplain, and a Christian Scientist chaplain. The longstanding Spiritualist Chaplain has not yet returned and there is an identified Christian Orthodox chaplain and a Sikh chaplain, both awaiting clearance. Vacancies exist for Buddhist, Hindu, and Rastafarian chaplains.

For reasons of safety, and to aid chaplains in responding to pastoral needs, collective worship was one of the first activities to be suspended at the start of the pandemic. This led in part to the view amongst some staff that it was expendable. As the prison moved into recovery some staff have underestimated the importance of corporate worship as a human right. In March 2022 wing staff contacted the chaplaincy with concerns that there were too many prisoners on the list for a particular service and asked that the chaplaincy prioritised them. In fact, the numbers were within Covid restrictions and within appropriate supervision levels. Some prisoners have complained that they were not unlocked to enable them to attend worship. However, by the end of the reporting period this situation was improving, partly due to the reintroduction of faith and culture awareness sessions.

The chaplaincy and the catering department have worked together to agree menu options for all religious festivals throughout the reporting period. Prisoners and chaplains have reported some inconsistencies with the provision of kosher food.

New equipment has been installed in the gym above the chapel over the winter months. This has caused an issue for the worship sessions as the noise presents a disturbance. At the end of the reporting period the gym staff were putting in place mitigations to reduce the noise impact on the worship sessions.

5.6 Incentives schemes

In the last reporting period the incentives scheme, where prisoners can be on basic, standard, or enhanced levels, had been partially suspended due to Covid. It was reintroduced nationally in September 2021 and at a local level the prison exercised a degree of leeway in respect of this. For example, prisoners were allowed to keep any electronic games in their possession unless their incentives level was downgraded.

In March 2022, the prison introduced a monthly forum in which prisoners were able to scrutinise incentives scheme reviews. This has provided a new level of transparency to the prisoners about the incentives scheme process.

5.7 Complaints

The number of complaints the prison received over the reporting period was broadly similar to the previous year (see table 3). The Board is grateful to the staff for their elevated levels of efficiency in dealing with prisoner complaints and for their adherence to meeting the expected response timeframes.

**Table 3: number of complaints the prison received over the reporting period
(2020-2021 figures for comparison in brackets)**

	Total	On time	Late	% Late
May 2021	322 (209)	322	0	0%
Jun	403 (249)	401	2	1%
Jul	364 (409)	364	0	0%
Aug	402 (404)	398	4	1%
Sep	385 (410)	384	1	1%
Oct	466 (435)	459	7	2%
Nov	462 (346)	460	2	1%
Dec	402 (306)	398	4	1%
Jan 2022	398 (374)	398	0	0%
Feb	392 (332)	392	0	0%
Mar	328 (330)	328	0	0%
Apr	363 (323)	359	4	2%
Total	4,678 (4,127)			

Table 4 provides an analysis of complaints made by prisoners at HMP Wakefield. The number and nature of complaints received by the prison during the reporting period is:-

Table 4: Analysis of complaints made by prisoners at HMP Wakefield

	May 21	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 22	Feb	Mar	Apr	Total
Adjudication	0	4	7	9	3	3	6	5	6	9	7	3	62
Bullying	0	1	4	0	0	0	1	0	0	1	6	0	13
Canteen	6	5	6	11	6	9	18	10	18	5	4	5	103
Catalogue Orders	24	16	16	12	19	8	5	13	4	10	9	15	151
Complaints System	6	7	11	22	1	10	3	3	4	6	2	4	79
Education	0	7	0	0	0	3	3	1	11	5	6	1	37
Equalities	3	1	5	10	13	13	15	3	12	9	6	10	100
Finance/Cash	7	8	9	8	9	34	17	17	12	13	9	8	151
Food	11	6	6	15	12	13	15	5	7	6	3	6	105
Gym	12	17	10	11	9	4	1	2	5	0	1	12	84
IEP	0	9	4	2	1	3	7	9	10	6	4	8	63
Letters/Censors	7	19	14	9	12	36	16	7	15	19	23	22	199
Library	5	5	1	8	0	1	0	0	0	1	3	0	24
Medical/Healthcare	2	1	2	0	2	6	2	2	3	3	1	2	26
Newspapers/Mag's	6	5	4	5	5	3	2	1	4	4	0	1	40
OASys/OMU	13	9	12	15	18	16	16	13	25	23	17	4	181
Off Behav Prog	0	1	0	0	1	0	0	0	0	0	0	1	3
PINs	14	6	7	7	3	3	7	6	4	7	5	9	78
Pre-Release / Release	0	0	0	0	0	0	0	0	0	0	0	0	0
Property	40	66	46	50	40	56	46	42	34	42	35	40	537
Psychology	1	2	1	3	6	6	9	5	4	3	6	6	52
Public Protection	1	0	2	2	1	0	2	1	2	1	2	2	16
Re-Categorisation	0	2	2	1	1	0	0	1	2	1	0	1	11
Reception	7	1	5	2	3	7	6	5	5	0	0	1	42
Residential	64	77	81	60	82	80	91	72	89	94	68	67	925
Security	4	10	8	22	12	24	10	17	9	16	6	14	152
Segregation	0	0	0	0	0	0	0	1	2	0	0	0	3
Staff	3	4	4	1	5	8	3	10	5	6	6	3	58
Transfer/Allocation	4	3	7	7	1	0	4	4	5	5	4	1	45
Violence	0	1	2	1	0	0	1	0	1	2	0	0	8
Visits	2	1	4	6	5	5	9	8	2	10	8	6	66
Work	16	28	19	25	30	38	29	32	24	23	15	31	310
Other	4	8	6	6	9	8	5	7	11	4	9	9	86

5.8 Property

The prison has processed the property of 279 prisoners transferring in and 245 transferring out along with 16 discharges. This is in addition to managing property during cell moves.

The process for managing prisoners' property continues to be unsatisfactory and many prisoners' complaints are justified. During the reporting period the prison paid out £3,406.98 in compensation for missing property from 52 prisoners and additionally paid out £1,037 in total compensation for four litigation claims regarding property.

Transfers of prisoners to Wakefield frequently result in complaints and applications to the IMB because of property not arriving, arriving late or items missing. This causes frustration, anger, and stress for those prisoners. Additionally, it takes up a considerable amount of both officer and Board member time on all too often fruitless investigations.

The prison management is concerned that there is a large amount of prisoner property currently held in reception and has addressed this. The prison is now awaiting a response from the National Depot Centre Branston (where prisoner property is stored) to outline its support with managing this.

6. Health and wellbeing

6.1 Healthcare: general

Healthcare services for HMP Wakefield are provided by Practice Plus Group (PPG), which is responsible for in-patient and primary care, integrated mental health, and pharmacy services

In-house services include dentistry, opticianry, podiatry, MRIs, and ultrasounds.

There was no physiotherapy for part of the reporting period as this service was originally outsourced, but PPG decided to directly employ a physiotherapist, meaning a lack of provision for quite some time.

The pandemic has had a profound impact on health services at HMP Wakefield and across health in justice; they have faced the challenge of caring for many complex patients with the support of specialist services within the local trusts. In their efforts to ensure patients could access health services in a timely, fair, and equitable manner during this period, HMP Wakefield has been severely disadvantaged due to the lack of in-cell telephony that is being used in other establishments.

Healthcare has faced staffing complexities that were not unique to HMP Wakefield and during 2021-2022 several healthcare staff left the employment of PPG. Early 2022 saw a significant increase in job applications for healthcare roles at HMP Wakefield. Unfortunately, the length of time waiting for counter terrorist check clearance is off-putting and some candidates withdrew.

A member of the mental health team attends every first ACCT review, and they attend subsequent reviews where there is a clinical need.

Mental health staff are also required to attend segregation and close supervision centre reviews.

The pharmacy service is outsourced by PPG to a commercial provider.

6.1.2 Concerns and complaints

PPG record complaints in a separate way to the prison complaints system. They are initially registered as a concern and escalated to a complaint if unresolved at the first stage. Healthcare staff say concerns and complaints mainly relate to delays in treatments due to NHS delays, cancelled clinics due to Covid, staffing issues or regime changes, and general frustrations.

As their system of reporting is different from last year, it is not possible to give a meaningful comparison.

Table 5: Frequency of concerns and complaints by month, April 2021-March 2022

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Concerns	61	53	72	78	82	68
Complaints	23	16	23	14	10	6
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Concerns						
Complaints	52	59	92	80	68	103
	7	12	14	7	11	15

Over the same period there were 64 applications to the IMB where healthcare was the main subject, 55 paper applications and an additional nine via the IMB 0800 phoneline. Those figures are compared with last year below.

Table 6: Breakdown of healthcare related applications received by the IMB via paper and the 0800 phoneline.

IMB healthcare applications	20-21 paper	20-21 0800	Total
	9	15	24
	21-22 paper	21-22 0800	
	55	9	64

Health-related applications to the IMB are varied in nature, but there have been many regarding the programme to reduce opiate use. There is also frustration about lengthy delays to access appointments in all departments and complaints about wanting to see a GP instead of an advanced nurse practitioner. One prisoner has been waiting for 18 months to see a physiotherapist for treatment following a stroke.

6.1.3 Inpatient services

The in-patient team has been re-awarded the Macmillan accreditation for another two-year period.

The shortage of appropriate cells for disabled prisoners or wheelchair users leads to cell blocking on the inpatient unit by disabled prisoners who do not need any medical care, and these prisoners are frustrated by being isolated from the main prison and not being able to access work.

Prisoners in healthcare also complain about the TV reception, which is extremely poor and has fewer channels than the main prison, but prisoners must still pay the same amount as those on normal location which they think is unfair.

The healthcare building is old and the ground floor where clinics are held is in a particularly poor state of repair, with missing skirting boards showing bare plaster and peeling wall paint making it difficult to provide a clean environment.

6.2 Physical healthcare

Primary care services have been accessible over the last 12 months. The current resource has a medical team made up of three part-time GPs and three advanced clinical practitioners. This has improved capacity to treat complex patients on site and the team is working to implement safer prescribing and opiate reduction where appropriate.

The nursing team has seen many changes over the 12-month period with a new clinical lead coming into post in January 2022. There is a range of skills within the team which include emergency response, suturing, plaster casts and various long-term conditions. Although in the summer of 2021 there were periods of short staffing which impacted service delivery this was recovered by the end of the year with the team being fully staffed and stabilised.

Nurse associate apprenticeships are being supported with the first candidate due to qualify in April 2022.

An on-site pharmacist was provided once a week to ensure the provision for controlled medications. At the end of 2021, the on-site pharmacy closed due to the resignation of the pharmacist. Pharmacy technicians continued in their role and most medications were delivered daily, but at times there were significant delays. The worst occurrence meant that a prisoner had to be sent to outside hospital because his medication had not been sent. He recovered fully.

In January 2022, a decision was made to move a pharmacist from another site to reopen the on-site pharmacy whilst waiting for the new pharmacist to start. She started in February 2022.

Healthcare staff are working in partnership with the gym in order to facilitate rehabilitation sessions for weight loss, musculoskeletal issues, cardiac issues, and other long-term conditions. This is to provide a more comprehensive approach to supporting patients to manage their health conditions in a positive way.

Once the six-week rehabilitation programme is complete, it is hoped that the patient will have reached a stage where they are equipped with the skills to continue their rehabilitation independently.

6.2.2 Covid-19

Figures for vaccinations are shown in table 7. It should be noted that these are totals are characteristic of a population that is not static.

Table 7: Vaccination by dose

Dose	Offered	Accepted
1 st dose	706	558
2 nd dose	555	546
Booster	517	472

At the time of reporting, HMP Wakefield has 27 identified patients who are extremely clinically vulnerable and 108 patients in the shielding criteria; 62 of these patients refused to shield.

In the period of 2021-2022 HMP Wakefield have had 168 prisoners test positive for Covid, all of whom we are told have recovered from infection.

6.3 Mental healthcare

The integrated mental health team and recovery and inclusion services have a new clinical lead in place.

The mental health hub opened in December 2021 in the healthcare centre which means that there are dedicated clinic rooms for mental health services.

The mental health team has had some staffing complexities in this period; another site needed some urgent support from a mental health nurse and there has been some sickness within the team.

Covid restrictions prevented a lot of group work and 1:1 sessions.

The main duties such as triage, ACCT reviews, GOOD reviews etc. continued as usual. Early 2022 saw the reduction of restrictions and the reintroduction of group work and mental health services.

6.4 Social care

Wakefield Council delivers social care services. Prisoners who are highlighted as vulnerable due to age/disability are assessed by equalities, Practice Plus Group (PPG) and Wakefield Social Care to identify where necessary reasonable adjustments need to be put in place. A frailty team led by a senior nurse are supporting referrals to the council and maintaining social care links within the establishment. Both a social worker and an occupational therapist have been attending the site regularly to assess patients and facilitate any reasonable adjustments.

Safeguarding is managed via the weekly safety intervention meeting and the Head of Safety attends the quarterly Safeguarding Adults Board together with PPG and Wakefield Social Services.

The healthcare team are proud of the palliative care that is delivered at HMP Wakefield with five clinical review reports being received within the year that have zero recommendations.

6.4.2 Mulberry unit for prisoners with autism

This has 12 cells, but usually only nine are occupied at any one time. This is to ensure the desired prisoner/staff ratio which is 2:1. The ratio on the main residential wings is 18:1.

The prisoners must fulfil two criteria:

1. Diagnosis of autism or extremely likely to be autistic. These men may not have had the support in childhood to enable a diagnosis.
2. Not able to cope on normal location. These men may have spent substantial amounts of their sentence in segregation due to negative behaviour or in healthcare cells as they have been victimised.

Funding comes from 'pathways to progression' to supply small, dedicated units which help prevent these prisoners from being segregated.

HMP Wakefield has an 'autism accreditation' awarded by the National Autism Society.

A psychologist is the clinical lead for the unit and the resolute officers have all had specialist training but do not receive enhanced pay for this specialist role.

Aim

Progression to reintegration onto normal location by developing better social skills and coping strategies.

The regime encourages them to, for example:

- come out of their cell for a determined period
- verbally engage with staff members
- be more flexible with their clothing or food choices
- play games of chess, darts, or table tennis with staff and other prisoners

If a Mulberry prisoner attends work (which is currently rare) a member of the Mulberry staff will accompany them.

Engagement with staff and meaningful conversations etc. are seen as 'work' for which prisoners may receive pay. Disengagement with the regime or poor behaviour is dealt with in the same way as any other prisoner by use of the incentives scheme. On rare occasions a Mulberry prisoner will be segregated if their behaviour warrants that.

In addition to the activities mentioned above there is a cell which has been made into a sensory room with a bed which vibrates in time with the music system, lighting which can be controlled by the prisoner, a bean bag chair and sensory toys.

Lockdown due to the pandemic severely restricted the regime in this unit where staff engagement and association are key.

Conditions are not ideal as this is a unit located at the end of one of the wings which at one time was used as a segregation unit. Sensory stimuli such as noise and bright lights can be managed on Mulberry but if prisoners leave the unit to attend gym,

library, education, or worship they must walk through the main wing which can be disturbing to them.

There is a small dedicated exercise yard, but apart from a wooden box with a few flowers it is just bare tarmac.

A major success is that a prisoner who had spent most of his sentence in segregation because of his poor behaviour has now been on the Mulberry unit for 18 months, and is now on the enhanced level of the incentives scheme.

6.5 Exercise, regime

Exercise and regime have varied greatly during the reporting period. The Governor oversaw the regimes according to the Covid recovery stages, responding to local breakouts of Covid cases and as following guidelines from HMPPS and the government.

During periods of national or local lockdowns prisoners were provided with distraction packs, exercise sheets to encourage in-cell exercise and deliveries of library books and DVDs.

6.6 Drug and alcohol rehabilitation

Psychosocial services have provided a solid branch of support to patients on a recovery caseload throughout the year.

Recovery and inclusion have continued to offer their services with a very pro-active approach.

7. Progression and resettlement

7.1 Education, 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 segregation unit or close supervision centre.

During a typical contract year education is available on both a full-time and part-time basis (depending on specific courses) and the department has a maximum of 80 learner places (including outreach delivery) per week. Education is delivered over nine sessions each week following the prison's core day timings from Monday to Friday. The morning session is 8.15–11.45 am and the afternoon session is 2.15pm–4.45pm.

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. Vocational qualifications are offered in hospitality and catering, business administration, business enterprise and textiles. Opportunities for progression to level 3 hospitality and business administration and ICT are available.

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: business enterprise, equality and diversity, mental health awareness and personal finance, which was in response to a request by the learning and skills manager. During 2021-22 the department has continually increased accredited provision including the reintroduction of functional skills English and maths at all levels.

In May 2021 the library offered a remote service to prisoners. Around 50 books and 40 DVDs were placed on a trolley on each wing and changed weekly. In addition to this the library also accepted requests for books. Throughout the reporting period the library handled 1,702 requests from prisoners.

From the beginning of March 2022, the library has reopened for in-person visits. Thirty prisoners can visit in the morning and the same number in the afternoon, giving available places per day.

From the beginning of April 2022, the library can accommodate 50 prisoners at each session four days per week, plus it also accommodates 50 prisoners for evening visits.

Since the beginning of April class visits have recommenced, in which tutors bring prisoners to the library to carry out research related to their courses.

The library has also begun to hold 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. Ten prisoners a day benefit from this service.

Success data across different groups of learners demonstrate that there are no significant achievement gaps. The curriculum offered is ambitious and tailored to meet the needs of the learners and the prison. There is a strong focus on the re-engagement of learning and development skills, particularly for those with additional learning needs.

The quality of teaching resources and materials produced by teaching assistants (mentors), in collaboration with the tutors, is good. Work is displayed in the department promoting an environment that inspires learning and enables the learner to focus on their studies.

The completion of courses in a timely manner is inconsistent. The impact of the pandemic has led to learners not being able to achieve their course in a timely manner, resulting in a risk of them not achieving their course

7.2 Vocational training, work

During lockdowns workshops were closed so only kitchen staff and cleaners continued to work. As restrictions eased, workshops were slow to open as a few instructors had left and those vacancies were slow to fill.

Some prisoners are returning back to the pre-pandemic regime of regular access to vocational training and work.

- Woodworking workshops – mostly unused
- Textiles – a range of products is being produced including jackets.
- Mattress recycling – this is proving to be a busy activity area which is producing a good income for the prison and embracing principles of environmental sustainability.
- DHL – a good facility that offers opportunities for prisoners to work in an environment that is not dissimilar from a local distribution facility.

7.3 Offender management, progression

The prison continues to have an offender assessment system (OASys) backlog of both assessments and reviews. This has been compounded recently by multiple receptions without initial OASys assessments in place. Overall understaffing has made the backlog challenging to overcome but the department believes that progress is being made.

Staffing The position at the time of the report in the department was as follows: 1 head of management services, 10.5 probation prison offender manager (POMs) out of a target of 12.5, two prison POMs out of a target of 2.5, 1 senior probation officer out of a target of 1.5.

Sentence planning is regularly conducted in line with the offender management in custody (OMiC) model. Recategorisations are completed on an ongoing basis, now streamlined with OASys reviews; there is a small backlog which is being steadily addressed. Transfers continue to happen for progression, although these are seen

as increasingly challenging due to capacity of prisons and issues with the assessment and interventions team; the offending behaviour programme Horizon is not currently being offered due to the team having no suitably trained staff to deliver it. The department maintains clear links with the Probation Service via the head of offender management delivery and Prison Offender Manager (POM), they have continued to engage with the Public Protection Casework Section (PPCS), supporting prisoners to access parole opportunities, and are implementing new changes to the way they support the parole process in line with the government directive from the Secretary of State.

7.4 Family contact

The social video calls scheme utilised during the pandemic has been retained to maintain family contacts. This scheme continues to be available to all prisoners whether they receive visits from family members or friends.

Ongoing lack of in-cell telephony is a major inhibitor to enabling family contact. This situation was exacerbated during the pandemic when prisoners were locked behind their doors for extreme periods of time.

Partners of Prisoners (POPs) is the main provider of support to families of prisoners held at HMP Wakefield. Information folders are available in 'the hub' (a small building located outside the secure perimeter) to provide guidance regarding a visit and help with any issues around a custodial sentence, life in prison and release.

POPs organise a monthly coffee morning (family forum) to help families to better understand a prisoner's life whilst at HMP Wakefield.

7.5 Resettlement planning

Not being a resettlement prison, the department does not implement resettlement work on a routine basis. They do liaise with the POMs as appropriate in order to facilitate the necessary throughcare for relevant prisoners.

The work of the IMB

Board statistics

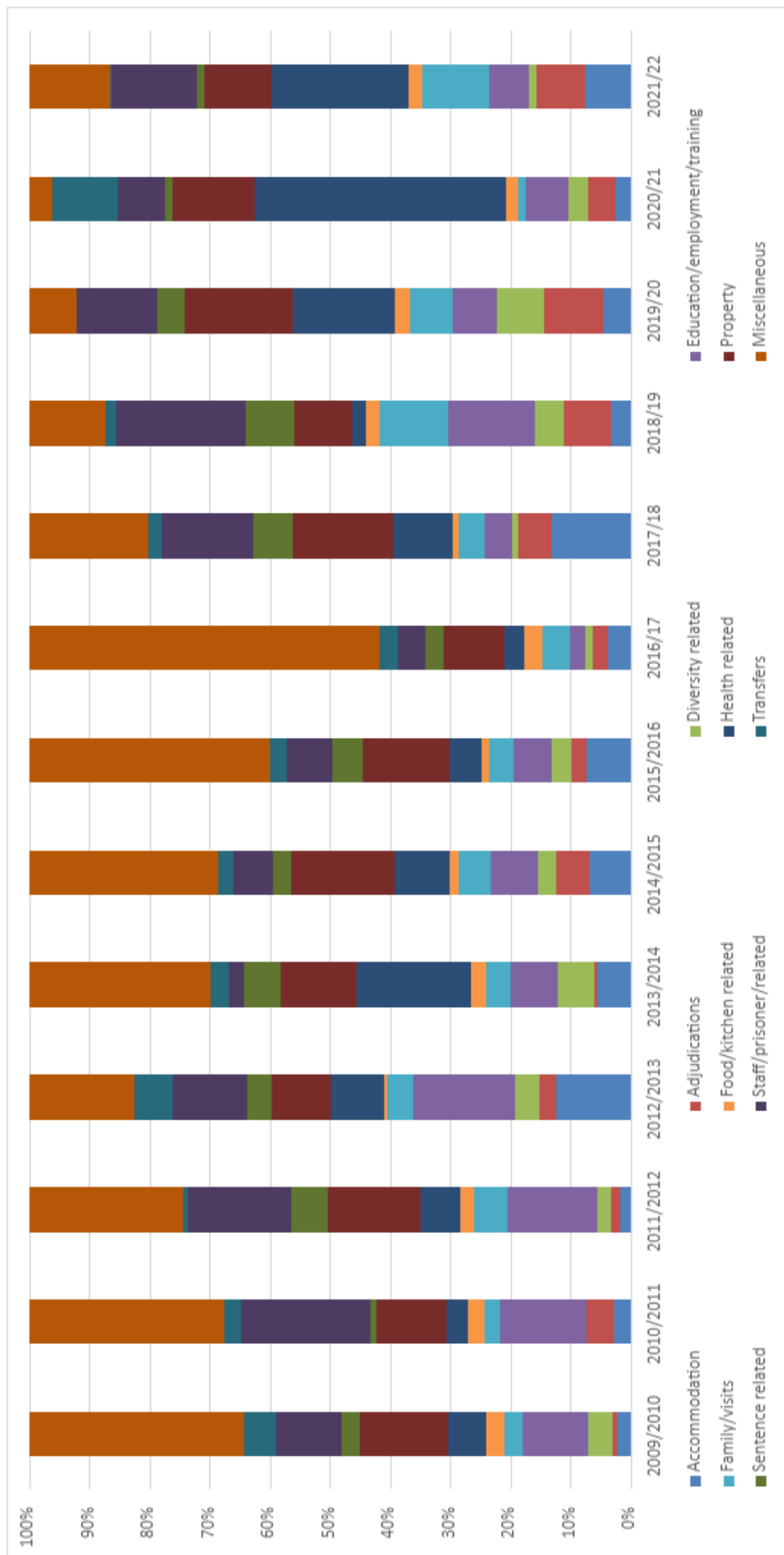
Recommended complement of Board members	16
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	7
Total number of visits to the establishment	270
Total number of segregation reviews attended (Prison Rule 45)	26
Total number of Prison Rule 46 reviews attended	12
Total number of shifts on the 0800 telephone line	6

- Two members are on sabbatical leave.
- One member resigned during the reporting period.

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	4	21
B	Discipline, including adjudications, incentives scheme, sanctions	7	23
C	Equality	5	4
D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	18
E1	Letters, visits, telephones, public protection restrictions	9	16
E2	Finance, including pay, private monies, spends	2	16
F	Food and kitchens	3	6
G	Health, including physical, mental, social care	65	64
H1	Property within this establishment	15	13
H2	Property during transfer or in another establishment or location	5	12
H3	Canteen, facility list, catalogue(s)	1	7
I	Sentence management, including HDC, release on temporary licence, parole, release dates, re-categorisation	2	3
J	Staff/prisoner concerns, including bullying	12	40
K	Transfers	17	1
L	Miscellaneous, including complaints system	6	38
Total number of applications		155	282

Figures inclusive of both paper and 0800 telephone applications.





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