



Report on an unannounced inspection of

HMP Wakefield

by HM Chief Inspector of Prisons

30 June – 10 July 2025



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Introduction

As one of five high-security dispersal prisons, housing men convicted of the most serious offences – many of whom are serving indeterminate or life sentences – Wakefield plays a critical role in the long-term and high-security estate. This unannounced inspection revealed a prison grappling with significant operational pressures, an ageing and deteriorating infrastructure, and a shifting prisoner demographic; all of which challenged its ability to deliver safe, decent and purposeful outcomes.

The governor had been in post for a year and had established a clear vision for the future. Staffing levels appeared adequate, but the redeployment of officers to support other prisons had left Wakefield unable to run its full regime with any consistency. This had had a direct impact on prisoners' daily lives, with many spending long periods locked in their cells, unable to access activities or even, sometimes, basic amenities. The prison's infrastructure was also in a poor state, with repeated breakdowns of essential equipment, as well as, concerningly, some significant elements of the prison's perimeter security systems.

Violence had increased markedly since our last inspection, with a 62% rise in incidents and a 72% increase in serious assaults. Many prisoners told us they felt unsafe, particularly older men convicted of sexual offences who increasingly shared the prison with a growing cohort of younger prisoners. Staff morale had suffered, and while training was planned to help officers manage this more complex population, there was currently no coherent strategy to reduce violence or bullying. The regime for prisoners who self-isolated out of fear was punitive and lacked the support needed to reintegrate them safely.

Health care provision had, in contrast, improved significantly. Strong clinical leadership and successful recruitment had led to better access and safer delivery of services. However, some facilities still fell short of infection control standards, and the mental health team, while committed, was overstretched and unable to meet the increasingly complex needs of the population. Patients continued to wait far too long for transfers to secure hospitals, and there was no enhanced support for prisoners with neurodevelopmental needs, including those with such conditions on the prison's dedicated Mulberry unit.

Education, skills and work provision remained a major concern. Ofsted judged the overall effectiveness to be inadequate. Workshops had been closed for long periods due to the infrastructure failures, and even when they were open, poor regime management meant prisoners often arrived late or not at all. The curriculum lacked ambition, particularly for long-term prisoners ready for higher-level study, and the reading strategy had not been implemented effectively. While some prisoners achieved qualifications and developed valuable skills, many were left without meaningful activity, contributing to frustration and poor behaviour.

The prison had made reasonable efforts to support family contact, with accessible visits, family days and a well-run visitors centre. The offender management unit was capable and committed but contact between prison offender managers and prisoners was inconsistent, and some prisoners felt unsupported and pessimistic about their progression.

Public protection work was robust, with effective risk management meetings and sound arrangements for monitoring communications. However, changes to monitoring practices meant that some high-risk prisoners were no longer routinely monitored on arrival, which raised concerns. Interventions were varied and well targeted, but completion rates were low, and many prisoners waited too long to demonstrate their progress.

Wakefield is not a designated resettlement prison, and only a small number of prisoners were released directly into the community. Nevertheless, the prison had shown commendable commitment to those being released, with offender managers going to great lengths to ensure safe and supported transitions.

HMP Wakefield was a prison under strain. While there were pockets of good practice and committed staff working hard to deliver decent outcomes, the cumulative impact of infrastructure failures, staffing pressures and a changing prisoner population were significant challenges. Leaders must act swiftly to address the priority concerns identified in this report, and HM Prison and Probation Service must provide the investment and strategic support needed to help Wakefield fulfil its vital role in the high security estate.

Charlie Taylor

HM Chief Inspector of Prisons

August 2025

What needs to improve at HMP Wakefield

During this inspection, we identified 13 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **There had been an increase in levels of violence and many prisoners told us that they felt unsafe.**
2. **The prison's infrastructure was in a very poor condition in some important areas and in need of investment.** Vital security systems had broken down and living conditions had deteriorated. Wings were shabby, showers were in very poor condition, water boilers and washing machines were subject to regular breakdowns, and electrical issues sometimes affected emergency cell call bells.
3. **Time out of cell for too many prisoners was poor.** We found around half of the population locked up during the working day.
4. **There were insufficient activity spaces for all eligible prisoners.** Prisoners were not allocated effectively to the activities available, leaving workshops operating under capacity.
5. **Prisoners did not have consistent access to education, skills and work.** Significant issues with the infrastructure of the prison led to workshops being closed, and ineffective management of the regime resulted in prisoners often being delayed in getting to training and work.

Key concerns

6. **Induction processes did not take place consistently.**
7. **The regime for prisoners self-isolating out of fear for their safety was too punitive.**
8. **Some poor enablement of health services hampered delivery and presented risks to patient safety.** Inpatient beds were sometimes used for non-clinical admissions, and officers allocated to the inpatient unit were often redeployed to other duties, preventing them from supervising patients, and the safe delivery of care. Patients experienced delays in attending emergency and some routine hospital appointments because of prison processes.

9. **Patients waited far too long for a transfer to specialist mental health beds under the Mental Health Act.**
10. **Some health facilities did not meet essential infection prevention control standards, risking patient safety.** This was because of a combination of poor maintenance, long waits for repairs and the absence of regular cleaning.
11. **The single exercise area was not well used.** The prison had not done enough to understand why so few prisoners accessed time in the open air.
12. **Leaders had not implemented the reading strategy effectively.** Prisoners were not receiving the support they needed, reading was not prioritised and resources to encourage reading were not readily available.
13. **The curriculum was not sufficiently ambitious and did not provide enough education and training for prisoners with long sentences, including those ready for higher levels of study.**

About HMP Wakefield

Task of the prison/establishment

HMP Wakefield is a high security prison for men, including prisoners convicted of sexual offences, in West Yorkshire.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 630 (148 of which were category A)

Baseline certified normal capacity: 648

In-use certified normal capacity: 648

Operational capacity: 648 (reduced by 102 for fire safety works)

Population of the prison

- Two-thirds of the population convicted of sexual offences.
- 175 new receptions received in the last 12 months.
- 59 foreign national prisoners.
- 28% of prisoners from ethnic minority backgrounds.
- 11 releases into the community in the last 12 months.
- 12.8% of the current population were young adults between the ages of 21 and 30 years.
- 72 prisoners receiving support for substance misuse.
- An average of 49 mental health referrals made each month.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group Health and Rehabilitation Services Limited

Mental health provider: Practice Plus Group Health and Rehabilitation Services Limited

Substance misuse treatment provider (psychosocial services): Midlands Partnership University NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: Milton Keynes College

Escort contractor: GEOAmey

Prison group/Department

Long-term and high-security estate

Prison Group Director

Gavin O'Malley

Brief history

HMP Wakefield was built as a house of correction in 1594. The prison became a dispersal prison in 1966 and held those posing the highest security risk. It is now a lifer centre with a focus on prisoners convicted of serious sexual offences.

Short description of residential units

A–D wings: residential units

F wing: segregation unit and close supervision centre

Health care centre: inpatient unit

Mulberry unit: autism spectrum residential unit

Name of governor and date in post

Michelle Metcalfe, July 2024

Changes of governor since the last inspection

Phillipa Harding (interim), September 2023 – July 2024

Tom Wheatley, July 2018 – September 2023

Independent Monitoring Board chair

Peter Rushby/Richard Kirkham (interim)

Date of last inspection

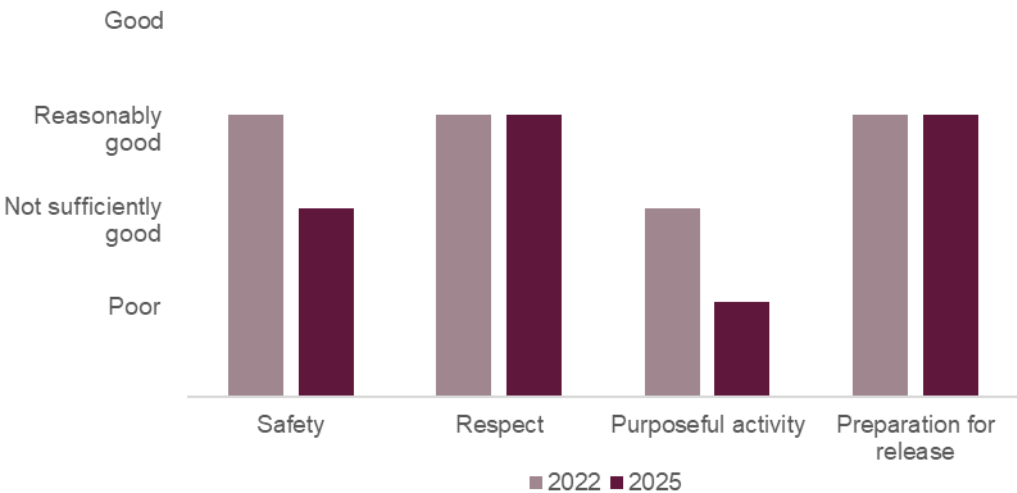
31 October – 11 November 2022

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Wakefield, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Wakefield in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Wakefield healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection, in 2022, we raised 15 concerns, six of which were priority concerns.
- 1.5 At this inspection, we found that seven of our concerns had been addressed, one had been partially addressed and seven had not been addressed. All concerns raised in the area of respect had been addressed. However, four of the five concerns, including two priority concerns, raised in purposeful activity, had not been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

- | | | |
|----|--|--------------------|
| a) | The catering manager had developed a new approach to gathering prisoner feedback on the quality of food. Prisoners were given a potential new meal to taste, and they provided a written critique. | See paragraph 4.15 |
| b) | The innovative recovery team had trained two officers as 'recovery allies' to support prisoners with addictions and arranged for virtual access to mutual aid groups (Alcoholics Anonymous and Narcotics Anonymous). | See paragraph 4.84 |

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had been in post for a year and had clear values and a vision for the prison developed in consultation with staff. Her self-assessment report provided an analysis of the prison's strengths and improvements to be made. However, she had faced considerable challenges; staffing constraints and failing physical infrastructure were severely hampering the effective operation of the prison.
- 2.3 Although almost fully staffed with experienced officers, some had been sent to support other prisons, leaving Wakefield unable to run its current regime. Leaders had plans to reorganise its daily deployment of officers and provide a consistent, although more limited, regime.
- 2.4 Leaders had no coherent strategy to reduce violence and bullying which had increased since the last inspection, with more prisoners now reporting that they felt unsafe.
- 2.5 Staff morale and confidence had eroded because of regular regime curtailments and changes in the prison's population. Training was planned to equip officers to manage the more challenging cohort of younger prisoners now held alongside the older population of those convicted of sexual offences.
- 2.6 Senior leaders were also not sufficiently visible, and some did not consistently demonstrate the values and vision that had been set for the prison. They did not always work together effectively; for example, communication to inform both staff and prisoners about regime curtailments was not good enough.
- 2.7 However, other leaders shared the positive ethos and were more innovative in their approach; improvements had been made within the segregation unit, and some good work had begun to promote fair treatment across the prison.
- 2.8 Although leaders had worked together to develop plans for purposeful activity, workshops had been shut for long periods because of infrastructure failings, with leaking roofs, inadequate heating and break down of physical security systems. Our roll checks found around half of the population locked up during the

working day, and Ofsted judged the overall effectiveness of the current provision to be inadequate.

- 2.9 Leaders had made insufficient progress overall in the use of data to inform strategies and meaningful action plans. Oversight and assurance also needed to improve.

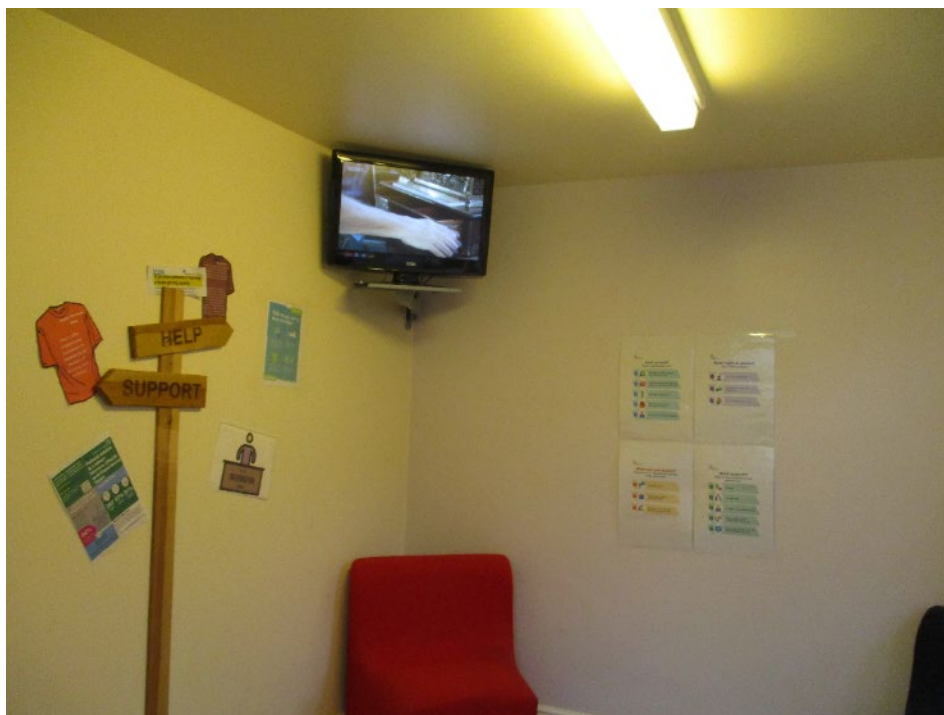
Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 Being a high security prison holding men serving very long sentences, the prison received an average of just three prisoners each week. The reception area was cramped, but holding rooms were clean and staff were welcoming. In our survey, 84% of respondents said that they had been treated very or quite well in reception, and 79% said that they had been searched in a respectful way, both being better than in similar prisons.



Reception holding room

- 3.2 Searching procedures were proportionate. However, backlogs in the searching of prisoners' property meant that they often waited more than a week to receive their possessions, which was a source of frustration for new arrivals.



Property waiting to be searched in reception

- 3.3 Prisoners arriving in the evening and at weekends when the reception was not staffed did not receive a first night safety interview to assess their immediate risks, which was a gap.
- 3.4 New receptions were housed on whichever wing had space available. Hourly welfare checks had been introduced for them on the first night. However, in our survey only 55% of respondents said that they had felt safe on their first night at the prison, compared with 68% elsewhere.
- 3.5 Each wing had 'Insider' peer workers who were supposed to greet new arrivals, but this did not take place consistently. Peer workers told us that they were often not alerted when a new prisoner arrived on the wings. Some new prisoners told us that they had not seen one and had received limited information in their first few days in the prison. Induction processes were managed by residential staff on the wings, and we found induction paperwork which was blank or only partially completed.
- 3.6 Cells were in reasonably good order, and newly-arrived prisoners said that staff promptly replaced any missing items (see also paragraph 4.10). In our survey, more prisoners than at similar prisons said that they were offered toiletries (59% versus 42%) and vapes (65% versus 50%) before being locked up on their first night.



Cell ready for occupancy

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.7 In our survey, 75% of prisoners said they had felt unsafe during their time at the prison, and 45% felt unsafe at the time of the inspection; both figures worse than at similar establishments and the previous inspection. Many attributed this to a change in the offence type and age of prisoners now being held (see paragraph 6.11), leading to increased poor behaviour that staff did not consistently challenge. Older prisoners, often convicted of sexual offences, reported feeling intimidated by these younger prisoners and lacked confidence in staff to keep them safe (see also paragraph 3.25).
- 3.8 There had been 183 violent incidents recorded in the last 12 months, of which 19 were serious; increases of 62% and 72% respectively, since we last inspected. Overall, these findings were, however, consistent with similar prisons.
- 3.9 Leaders had recently introduced a combined safety, security and drug strategy meeting to encourage collaborative working, but it was too early to see evidence of the effectiveness of this joint approach. Drivers of violence had not been clearly identified, and the violence reduction action plan was not well developed.

- 3.10 We found inconsistencies in the way that violence was managed, particularly in regard to the challenge, support and intervention plan process (see Glossary). Too many plans lacked meaningful actions, failed to address reasons for violence and were sometimes closed prematurely resulting in further violent incidents.
- 3.11 At the time of the inspection, there were 12 prisoners who were self-isolating in their cells because of fears for their safety. The regime for these prisoners was needlessly punitive, with all placed on the basic level of the incentives scheme and their television removed. In addition, they did not take part in exercise, and some were too fearful to collect their meals or prison shop orders. Not enough was being done to support or reintegrate these prisoners.
- 3.12 There were not enough incentives to motivate prisoners to behave; in our survey, only 11% said that they felt the culture encouraged positive behaviour. However, leaders had plans to introduce evening enrichment activities to offer additional incentives for prisoners on the enhanced level of the scheme.
- 3.13 There were some good examples of case management for a few challenging and complex individuals. The weekly safety intervention meeting (SIM; see also paragraph 3.37) was a useful forum, with appropriate actions to help some of the most vulnerable prisoners.

Adjudications

- 3.14 There had been approximately 1,800 adjudication charges in the last 12 months, most of which were for possession of unauthorised articles and incidents of violence. There was only a small backlog of hearings, and regular 'crime clinics' helped to make sure that matters referred to the police were followed up in a timely manner. Some disproportionalities in the use of adjudications for black and other ethnic minority groups had been investigated (see also paragraph 4.26).
- 3.15 The deputy governor provided useful quality assurance of adjudication hearings, which had led to some improvements.

Use of force

- 3.16 Use of force had increased by 79% since the last inspection, consistent with the escalation in violence. However, most of these incidents involved guiding holds and low-level interventions. The most common reason for use of force was to prevent harm or an assault, and the increase reflected the escalation in violence (see paragraph 3.8).
- 3.17 Oversight of force was very good; incidents were triaged promptly for any immediate concerns and viewed again by a monthly committee to identify learning and good practice, which was then widely shared. Body worn camera footage we viewed showed mostly appropriate use of force and leaders had addressed any concerns. The use of

both batons and PAVA (see Glossary) had increased but remained low. A good level of scrutiny suggested that every use was proportionate and justified.

- 3.18 There had been one use of unfurnished accommodation in the last year, which had been authorised appropriately and used for the shortest time possible.
- 3.19 Some disproportionalities in the use of force on young adults and black prisoners had been investigated and cultural awareness training subsequently delivered to staff (see also paragraphs 4.26 and 4.29).

Segregation

- 3.20 The segregation unit was one of the oldest parts of the prison and was a run down and generally poor environment. Leaders had made efforts to improve the unit by keeping showers and communal areas clean and having murals painted on the walls of the cage-like exercise yards, but investment was still needed to upgrade living conditions.



Segregation unit exercise yard

- 3.21 Since the last inspection, typical lengths of stay on the unit had reduced to about 53 days. This is longer than we usually see but several prisoners had been held in segregation waiting for a transfer to a mental health unit, and this had increased the average time spent there. Many prisoners held were waiting for a transfer to another prison, but this was usually progressed in a more timely manner.

- 3.22 The regime on the unit was limited, with only a shower offered on alternate days and one hour of exercise each day. However, reintegration planning had improved, and care plans were developed to support this transition. Staff also supported some very challenging prisoners in efforts to reduce their risk, even though their reintegration into the prison was unlikely.
- 3.23 We saw positive and polite interactions between staff and some highly challenging prisoners on the unit. Changes to escorting and searching procedures had been introduced following serious incidents in the prison and across the high security estate. These changes meant that any risks to the safety of both staff and prisoners were managed appropriately.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.24 Day to day security processes were undermined by serious failings in physical security measures. A lack of investment, particularly around maintenance, had caused multiple failures in systems, which were having a negative impact on the functioning of the prison. Leaders had taken action to mitigate this risk, and for example, prisoners had been unable to attend some workshops (see also paragraphs 5.1 and 5.15). Locally, leaders had good oversight of the high risk presented by prisoners, particularly those who were category A.
- 3.25 There was good analysis of intelligence and partnership working with the police and other crime agencies on risk management, including in sensitive areas such as counterterrorism and potential staff corruption. Counterterrorism liaison officers were used on the wings to good effect and fed back into a well-embedded counterterrorism meeting. The corruption prevention team told us that the achievement of professional standards was the main issue they were currently facing, and this was reflected in the inconsistencies in how staff challenged poor behaviour (see also paragraph 3.7).
- 3.26 The large amount of security information received was processed efficiently. The dedicated search team carried out many intelligence-driven searches and was deployed creatively to strengthen perimeter security.
- 3.27 The random mandatory drug testing positive rate was the lowest among comparator prisons (6.24%), and the security team was well sighted on potential threats and routes of drug ingress. However, in our survey 55% of respondents said that it was easy to get illicit

drugs in the prison, compared with 28% at the time of the previous inspection. The drug strategy meeting needed to explore this perception further.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.28 There had been two self-inflicted deaths since the last inspection. While Prisons and Probation Ombudsman recommendations had been addressed, such as ensuring that safety meetings were chaired by appropriately senior leaders, they were not all being monitored routinely to make sure that changes were embedded.
- 3.29 The level of self-harm in the previous year was similar to that at the time of the last inspection, and was now the lowest among comparable prisons, and incidents of self-harm were also on a downward trend. Around a third of incidents involved a very small number of prolific self-harmers.
- 3.30 In the previous year, there had been three incidents of self-harm that needed hospital attendance, but no investigations had taken place to identify learning opportunities.
- 3.31 Prison leaders had recently overhauled the prison's safety strategy. Although not enough was being done to analyse data systematically to understand the drivers of self-harm and develop plans to address them, the SIM (see also paragraph 3.13) showed good coordination between departments to support complex individuals. The prison held some highly challenging, high-risk prisoners and we observed some good, tailored support being provided to help these individuals to progress.
- 3.32 Support for prisoners on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was generally good, although the quality of care plans was mixed, often lacking meaningful actions to address risks. ACCT reviews were usually conducted by a consistent case manager and were often attended by members of the mental health team, the prisoner's key worker (see Glossary) and staff from other departments.
- 3.33 A lack of purposeful activity contributed to prisoners' frustration and boredom, and there were few enrichment activities available to occupy the time of those in crisis. Despite efforts by the safer custody team to find work or education opportunities for individuals

supported by ACCT case management, few of them were involved in any form of activity and most spent long periods locked up each day with little to do (see also section on time out of cell).

- 3.34 Support for prisoners in crisis who were self-isolating out of fear for their safety or who were on the basic level of the incentives scheme was undermined by the routine removal of their privileges, such as televisions (see also paragraph 3.11). This further contributed to these individuals' frustration, and those who were isolating often described not feeling cared for by staff.
- 3.35 The prison had 10 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). In our survey, only 29% of respondents said that it was easy to speak to a Listener, a decline from 51% at the time of the last inspection. Prisoners told us that officers sometimes told them to use their in-cell telephones to contact the Samaritans helpline instead of facilitating a Listener visit when requested, which was not appropriate.

Protection of adults at risk (see Glossary)

- 3.36 Prison staff continued to attend the local safeguarding adults board and the board's prison sub-group, which discussed specific complex cases and offered advice on their management.
- 3.37 Prisoners identified as being at risk could be referred to the SIM for discussion and we saw evidence of safeguarding concerns being referred via the safer custody team and health care staff. Despite this, some vulnerable prisoners we spoke to told us that they felt unsafe (see also paragraph 4.25).

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 Staff–prisoner relationships were reasonably good. In our survey, 77% of respondents said that staff treated them with respect, and 74% said that there were staff they could turn to if they had a problem, both figures being similar to those at the time of the last inspection. Many prisoners identified officers who they found particularly helpful.
- 4.2 We observed mostly positive, supportive interactions between staff and prisoners, including while staff were managing some complex and challenging individuals.
- 4.3 Residential staff demonstrated a good knowledge of prisoners held on their units, and supervising officers were visible and proactive on landings, supporting staff in their day-to-day duties.
- 4.4 The delivery of key work (see Glossary) had decreased. Only 34% of planned key work sessions had taken place over the last year, compared with 43% at the time of the previous inspection. While almost all prisoners had been allocated a key worker, the frequency and quality of sessions were inconsistent and often did not support prisoners' progression (see also paragraph 6.20).
- 4.5 A range of peer workers were active in the prison, and some roles were used well, such as mentors in the education department, health care orderlies and prisoner assistants for those with disabilities. However, we found other peer workers under-employed, such as early days 'Insiders' (see also paragraph 3.5) and safer custody representatives.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

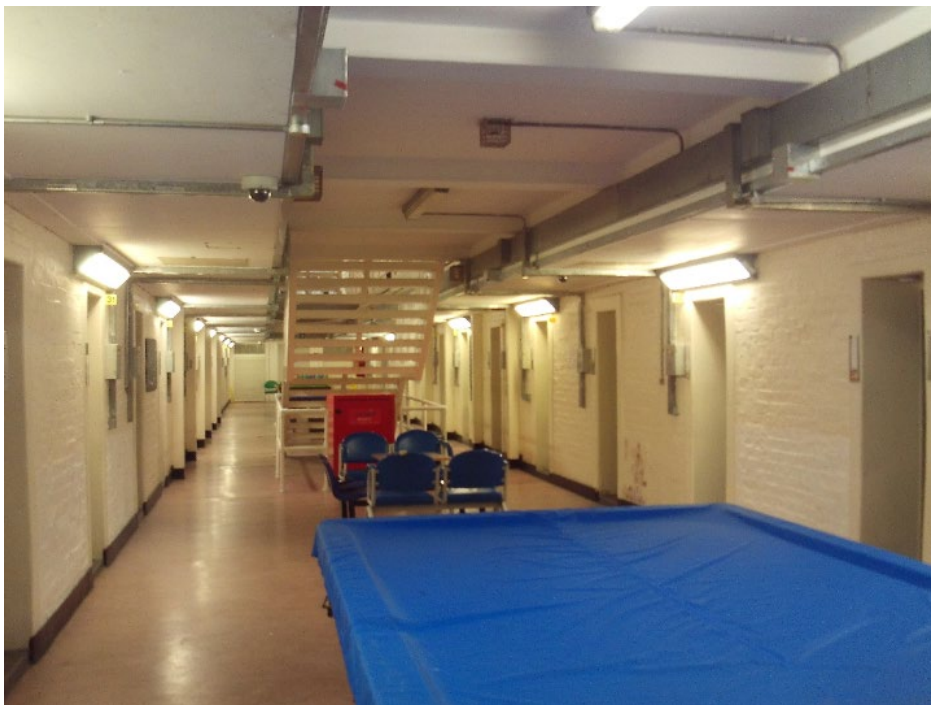
Living conditions

- 4.6 The ageing fabric of the prison was impacting living conditions. Wings were shabby, with worn or damaged flooring in communal areas; facilities such as water boilers, washing machines and self-cooking facilities were subject to regular breakdowns, and staff and prisoners expressed frustration about the time taken for repairs.



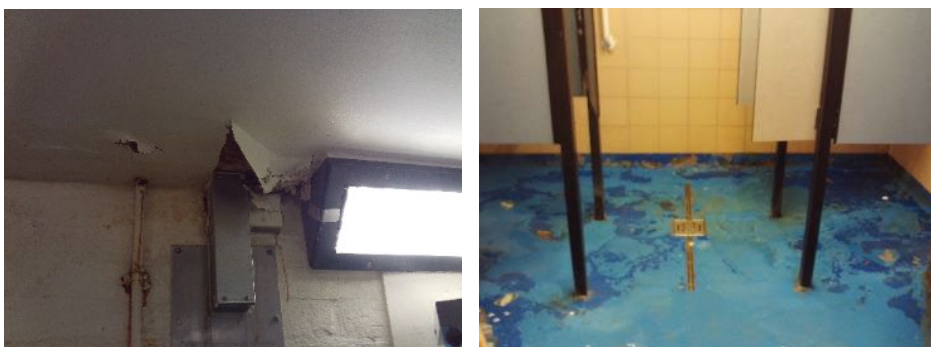
Broken down boiler (top left), on-wing laundry (top right), damaged flooring (bottom)

- 4.7 Issues with the electrical system meant that prisoners could not have kettles in their cells, and they often complained about having to queue for functioning hot water boilers on the landings.
- 4.8 Standards of cleanliness were inconsistent. Some wings were reasonably clean, but others had ingrained dirt. In our survey, fewer prisoners than at comparable prisons said that landings and stairs, and association areas, were normally very or quite clean.



Wing landing

- 4.9 Showers across the site were in very poor condition, with damaged flooring and fittings. Some had makeshift curtains for privacy. Shower seats for those with mobility issues were often so damaged that they were unusable (see also paragraph 4.27), and we saw damage and damp from leaking fixtures.



Leak damage (left), shower in poor condition (right)



Makeshift shower curtains

- 4.10 Cells were generally well equipped and in reasonable condition, although, again, some showed signs of wear. Prisoners told us that staff were active in replacing missing or damaged items (see also paragraph 3.5).



Typical cell (left), damaged flooring in cell (right)

- 4.11 In our survey, only 24% of respondents said that their emergency cell call bells were answered within five minutes, compared with 42% at similar prisons. We observed some cell bells being left for long periods without being answered. Cell bell response times were not routinely monitored as the necessary equipment was out of order. During the inspection, some cells lost power to their emergency call bells, which was concerning.

Residential services

- 4.12 In our survey, only 22% of respondents said that the food was good, compared with 34% at similar prisons and 39% at the time of the previous inspection.
- 4.13 At the time of this inspection, the kitchen had been coping without a gas supply for over five weeks because of a fault with the extraction system. This meant that over three-quarters of the cooking equipment was out of use, with menu choices reduced as a result. However, despite the challenges, the catering team continued to offer hot options for lunch and dinner. We were told that the gas supply was expected to be reinstated over the following week.
- 4.14 The kitchen and wing serveries were reasonably clean, and staff supervised mealtimes effectively. The portions we saw being served were adequate and the food was of reasonable quality.
- 4.15 Although there were no food comment books available on the wings, the catering manager was innovative in inviting feedback from prisoners who could be asked to taste potential new meals and provide a written critique.
- 4.16 All wings had self-catering kitchens which included an oven, hob, microwave ovens, grills and air fryers. Some equipment was broken, but the facilities were popular, although many prisoners told us that, as a result of regular regime curtailments, they were often closed at short notice.



Self-catering kitchen on A wing

- 4.17 The prison shop sold a wide range of items, and the system for reimbursing missing items was efficient and well managed.

Prisoners were able to access a reasonable range of catalogues and order newspapers and magazines. Arrangements for newly arrived prisoners to buy grocery and vape packs had improved since the last inspection.

Prisoner consultation, applications and redress

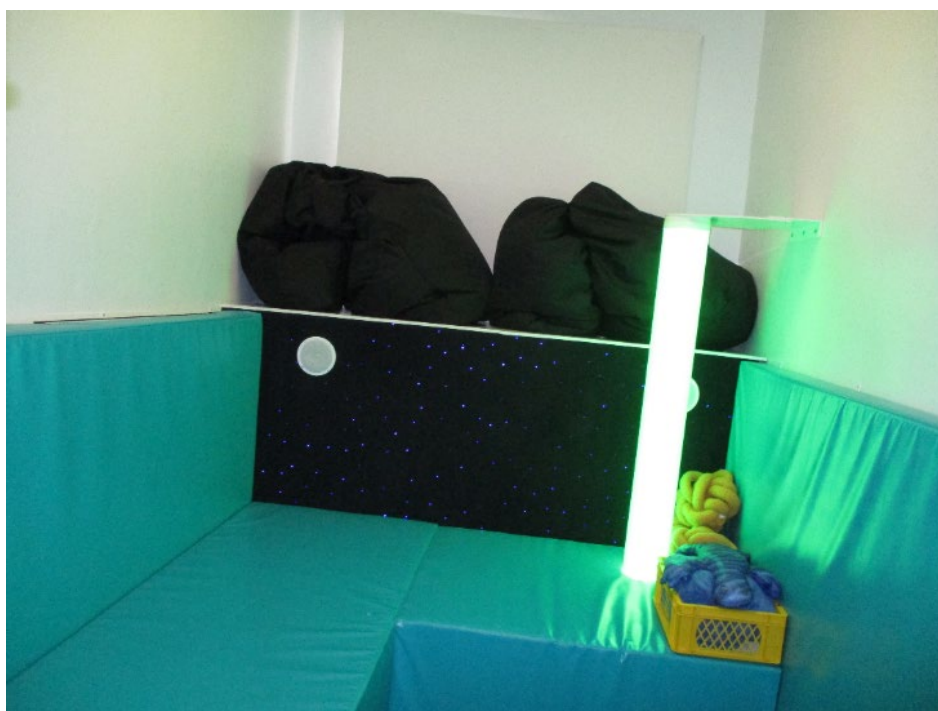
- 4.18 The main forum for consultation was a well-established prison council that met regularly, with senior leaders in attendance. Council representatives were selected democratically, and meetings were documented, with actions tracked. Other departmental consultation meetings also took place regularly, including wing, health care and catering meetings. There were examples of actions being taken to address issues raised; for example, a 'birthday parcel' (a clothing parcel that was allowed to be sent in once a year, around the prisoner's birthday) had recently been introduced.
- 4.19 It was the responsibility of the council members to share information from the meetings with the wider prison population, but many prisoners that we spoke to were not aware of the meetings or points raised.
- 4.20 The paper-based application system was badly administered and prisoners lacked confidence in it. In our survey, only 28% of respondents said that applications were dealt with within seven days, which was lower than in similar prisons.
- 4.21 The complaints system was more effective. Most responses were received within the required timescale and involved appropriate levels of enquiry, including speaking directly to the prisoner.
- 4.22 A total of 2,681 complaints had been submitted in the last year (excluding those for health care), which was fewer than at the time of the previous inspection and in similar prisons, but there was no analysis of complaints to identify underlying issues, in order to make improvements.
- 4.23 The legal services provision was adequate for this type of prison. Legal visits were conducted in private; secure video calls (see Glossary) and in-person visits could be booked within a reasonable timeframe.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.24 The strategic management of fair treatment and inclusion had improved and there was now a data-informed strategy and comprehensive action plan. Quarterly meetings, which included peer representatives, assessed a wide range of data and emerging disproportionate outcomes for prisoners from different groups.
- 4.25 Senior managers were responsible for quarterly forums for each protected group. A few actions from meetings had led to better outcomes for prisoners, but work on fair treatment and inclusion was not yet sufficiently embedded across all parts of the prison. For example, in our survey 60% of disabled respondents said that they currently felt unsafe, compared with 28% of those without a disability. Those that we spoke to said that bullying was mostly the cause of this perception, and we noticed very few older and disabled prisoners taking the opportunity to leave the wing to spend time in the open air (see also section on encouraging positive behaviour).
- 4.26 Promising work was taking place to examine and address evidence of disproportionate outcomes for black and other ethnic minority groups, particularly in respect of use of force and adjudications (see also paragraphs 3.14 and 3.19). Leaders had also identified the need to provide better support to staff in understanding perceived disproportionality for this group, and had developed 'culturally competent' training for staff, which was being delivered by both staff and prisoners.
- 4.27 Prisoners with physical disabilities were supported well by the social care team and prisoner assistants (see section on social care), but broken lifts on some wings limited their ability to access the full regime and spend time in the open air. We also spoke to one man who struggled to get a shower because all shower seats on the wings were broken (see also paragraph 4.9) and anti-slip mats were not available. A disability access 'walkaround' by the equality manager had previously identified this problem and the prison had recently bought new seats.
- 4.28 Prisoners living on the Mulberry unit, a small unit for those with autism who struggled to live on normal location within the long-term and high-security estate, spoke positively about the environment and

support they received, although there was currently no additional input from the health care team (see also paragraph 4.79).



Sensory room, Mulberry unit

- 4.29 Young adults had been prioritised for support, partly because of the identified disproportionality in use of force (see also paragraph 3.19). Some useful work had started, including prioritising activity placements and regular forums.
- 4.30 Older prisoners spoke positively about the gym sessions and weekly retired sports and social club, but attendance at the weekly support session in the 'Hive' (a classroom for community activities) was poor. Some retired prisoners told us that a lack of enrichment activities left them with little to do.
- 4.31 A foreign national offender specialist worker was on site regularly to support these individuals, and Home Office immigration enforcement staff visited the prison approximately every six weeks. Many foreign national prisoners that we spoke to were not aware of their eligibility for additional telephone credit to stay in touch with their families.
- 4.32 Support to meet the needs of transgender prisoners was poor. These prisoners could order female items from catalogues, but there was no appropriate prison clothing available and they were only able to shower in private three times a week.
- 4.33 The number of discrimination complaints submitted in the last year had reduced by over half since the previous inspection. The responses we reviewed had mostly been timely and reasonably well investigated, but mediation between staff and prisoners was not considered. In-house quality assurance was undertaken by the

deputy governor and a small sample of incidents was discussed at a two-monthly meeting involving prisoners and staff.

Faith and religion

- 4.34 The multi-faith chaplaincy was well integrated into prison life and provided valued care and good pastoral support to prisoners. Weekly communal worship was supplemented by some religious study classes and evening religious activities.



Chapel/multi-faith area

- 4.35 Chaplains supported prisoners through bereavement by providing one-to-one support or the opportunity to attend an eight-week bereavement course, delivered twice a year.
- 4.36 A wide range of external local support services and volunteers attended the chapel, including visitors from the local mosque and churches.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.37 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.38 Overall, we found that the quality of, and access to, health services had improved and was now acceptable. Successful recruitment across all services and strong clinical leadership had made a positive impact on health service delivery and patient safety.
- 4.39 In our survey, 54% of respondents said that the overall quality of health services was very or quite good, compared with 39% in similar prisons. Patients we spoke to were generally positive about the health care provision.
- 4.40 NHS England (NHSE) commissioned Practice Plus Group Health and Rehabilitation Services Limited (PPG) as the prime provider of health services. The current contract had been in place since 2016 and had recently been extended until April 2026. A full health needs analysis had been completed in May 2024, which identified areas of unmet need for the current population, and the tendering process, with a much-needed revised specification, was in motion.
- 4.41 PPG had subcontracted psychosocial substance misuse services to Midlands Partnership University NHS Foundation Trust's Inclusion service. Time for Teeth was separately commissioned to deliver dental services. Wakefield Council was the local authority.
- 4.42 There was evidence of mature strategic partnerships, but these had failed to progress some longstanding issues, including the prison's enablement of health services. Regional partnership boards met quarterly. NHSE held quarterly contract review meetings and conducted quality visits to monitor the contract.
- 4.43 The very recently appointed head of health care was supported by two part-time deputies who knew the services well. Local operational partnerships were enhanced by the proactive and supportive prison health care lead role.
- 4.44 A suite of quality, performance, improvement and operational meetings maintained appropriate oversight of all services. A regularly reviewed risk register captured some, but not all, risks, and needed a comprehensive overhaul.
- 4.45 Datix (an incident reporting system) was used to record clinical incidents. There was a healthy incident reporting culture. Incidents were reviewed in a timely manner by senior leaders, and investigation and lessons learned were routinely progressed and shared with the teams. Recommendations following deaths in custody were acted on and monitored.
- 4.46 A safeguarding policy and processes to support its application were in place. Staff we spoke to knew how to make a safeguarding referral and there was evidence that multiple referrals were made every month. Safeguarding training compliance, as with other

statutory and mandatory training, exceeded 95%, which was very good.

- 4.47 There was a confidential complaints process, and 43 concerns had been raised during the last three months. Responses were subject to quality assurance by senior leaders, and those we sampled were appropriate. Services regularly received compliments from patients. The patient engagement lead was instrumental in supporting patient engagement (see below).
- 4.48 There was a comprehensive audit schedule to drive improvement across all services. While this mostly worked well, the regular infection prevention control audit had failed to address several breaches in expected standards, including crumbling plaster in the residential wing dispensary and the X-ray room. In addition, the latter room had not been cleaned for several weeks.
- 4.49 Clinical staff were clearly identifiable and we witnessed positive, courteous interactions with the very complex patient group. Staff appraisal compliance and access to supervision were acceptable.
- 4.50 SystmOne (the electronic clinical record) was used across all services. The standard of documentation was generally good.
- 4.51 Medical equipment was subject to annual maintenance through a formal contract.
- 4.52 Health care practitioners were trained in immediate life support and had access to suitable and regularly checked equipment, although a few items in one bag had just exceeded their expiry date. We were given assurances that these would be replaced.

Promoting health and well-being

- 4.53 There was no prison-led coordinated approach to optimising health and well-being, although there was some joint working between the patient engagement lead (PEL) and the equality and diversity lead. In our survey, only 27% of respondents said that they were able to lead a healthy lifestyle always or most of the time, which was lower than in similar prisons (41%). Remedial gym sessions were provided by gym staff and special diets based on health needs were provided by the kitchen, but access to exercise was limited (see section on time out of cell).
- 4.54 PPG had a structured programme of health promotion initiatives linked to national campaigns, and a monthly newsletter was circulated. The PEL coordinated relevant health promotion events. This included well-being days and presentations by representatives from external agencies such as the Orchid Trust, who came in to raise awareness about prostate cancer. Health promotion information was displayed around the prison and information could be translated. Telephone interpreting services were used for health consultations when needed.

- 4.55 Health care peer representatives had been introduced to each wing and were supervised by the PEL. They attended the health care forums and engaged with their peers about health issues.
- 4.56 Systems were in place to manage communicable disease outbreaks, and good partnerships had been established with the appropriate external bodies.
- 4.57 A range of age-appropriate health screens, checks and vaccinations were offered routinely, including sexual health support and access to barrier protection. Patients were referred to specialist services when needed.

Primary care and inpatient services

- 4.58 Primary care and inpatient services were well led by skilled clinical leaders and staff felt supported by them. Despite some staff absences within the primary care team, a safe, patient-focused service had been maintained.
- 4.59 New arrivals to the prison received an initial health screening by a registered nurse, with appropriate referrals made to other services. Secondary health screenings were usually completed within the NICE guidance timeframe.
- 4.60 The application system had clinical oversight to make sure that patient need was prioritised appropriately. However, some appointments had been missed because patients had not been escorted by officers, which was poor, although these had been rescheduled.
- 4.61 There was a good range of services, including daily nurse triage clinics, and allied health professionals ran regular clinics, with mostly reasonable waiting times. The number of GP sessions had increased since the last inspection and advanced clinical practitioner clinics also took place across the week. Routine waiting times to see the GP had reduced to three weeks and urgent care was prioritised, with patients seen on the day.
- 4.62 Patients with long-term conditions received good care, with regular reviews, and most had personalised care plans. Spirometry clinics (to assess lung function) were now established and the waiting list was reducing.
- 4.63 There was access to an impressive range of visiting specialists, including a respiratory consultant and a palliative care consultant. Ultrasound and X-ray services attended regularly, and other specialists were accessed through telemedicine and telephone consultations.
- 4.64 Administrative processes to manage planned external hospital appointments were robust. There was clinical oversight of any rescheduling of appointments. Cancellations were often made by both the hospital and the prison (usually to accommodate more

urgent need), and also by the patient declining to attend. Health care staff said that it was sometimes difficult to get patients out for emergency treatment and some outpatient appointments, in spite of giving a clear clinical rationale for their decisions, which presented a clinical risk.

- 4.65 All patients on the inpatient unit had detailed care plans and those we spoke to were satisfied with their care. The GP visited the unit at least weekly. The admission and discharge criteria were under review, but the beds were sometimes used inappropriately for non-clinical reasons. There were also risks to patient safety because of limited officer availability to provide adequate cover for both floors of the unit. This meant that there were sometimes too few officers to unlock patients, restricting their time out of cell (see Glossary) and limiting the therapeutic ambience of the unit.
- 4.66 The palliative care suite had maintained the 'Macmillan Quality Environment Mark' status, and health care and prison staff had received additional training to support this work. At the time of the inspection, there were no prisoners needing this care.
- 4.67 Patients were seen in a pre-release clinic approximately a week before and on the day of release. They were supported to register with a GP in the community. A summary of care was supplied, with appropriate provision of medicines.

Social care

- 4.68 The memorandum of understanding between the prison, PPG and Wakefield Council, which identified key roles and responsibilities, was due for review. PPG was commissioned to deliver social care. Prisoners were screened for social care needs on arrival.
- 4.69 Four prisoners were in receipt of a social care package (see Glossary) at the time of the inspection; three received their care in the inpatient unit, the other in the main prison. Those in the inpatient unit spoke highly of the care they received, while the care of the other individual was hampered by a broken shower which had been unusable for several months; alternative arrangements had had to be made for him. Long waiting times for repairs to fixtures and fittings was a common theme (see section on living conditions).
- 4.70 Care plans were in place for these patients, and staff were allocated from the appropriate health care teams to deliver the care.
- 4.71 There was a clear process for making social care referrals and the responsive social worker made sure that assessment timescales were met. Fourteen referrals had been made in 2025. The social worker attended the prison regularly and had developed an excellent partnership with health care and prison staff.
- 4.72 Eighteen prisoner assistants delivered low-level care to 43 prisoners, working to a job description, after signing a robust compact which

clearly defined their role. There was good governance of the assistants, led by the motivated equality officer.

- 4.73 The provision of small aids was coordinated by the equality officer, while larger equipment was provided through Wakefield Equipment Services.
- 4.74 There were processes to support prisoners arriving at, or leaving, Wakefield in receipt of a care package, to ensure continuity.

Mental health

- 4.75 PPG provided an integrated mental health service that operated seven days a week during daytime hours. The small team comprised nursing, psychiatry and psychology staff. The team was very busy and strived to meet the needs of patients. However, resources and the service model did not reflect the increasingly complex and diverse needs of the population, resulting in gaps.
- 4.76 The clinical team accepted referrals from any source and triaged them daily. They prioritised urgent referrals and we saw responsive crisis interventions. Routine assessments were completed within five days. Waiting lists were minimal, with a routine psychiatric appointment available within four weeks.
- 4.77 Nurses operated a daily duty system, attended ACCT reviews and reviewed patients in the segregation unit. They held caseloads, but sometimes struggled to see their patients because of other priorities. The small psychology team (a part-time psychologist and two assistant psychologists) offered a limited range of one-to-one and group therapies for patients with, for example, low mood, anxiety or self-esteem issues. It was ably supported by a health care assistant, who completed physical health checks, and a nurse associate, who provided low-level psychological interventions. The team worked closely with the wider health care team, attending daily handovers and weekly complex case meetings.
- 4.78 In the past 12 months, the team had made 19 referrals for assessment under the Mental Health Act, and eight patients had been transferred to secure hospitals. At the time of the inspection, there were six patients waiting for transfer to hospital. The complexity of patients, long referral pathways and processes, and pressures on bed availability, often resulted in protracted waiting times that significantly exceeded national guidelines.
- 4.79 The service had several gaps and did not appear to be up to date with current practice and developments. It was unable to provide any enhanced support to the Mulberry unit, which was a specialist wing for prisoners with autism (see also paragraph 4.28). There was no pathway to support prisoners with neurodevelopmental needs. The service was not sighted on the new clinical and offender personality disorder pathways that needed collaboration with other prison departments. Access to learning and development opportunities for

staff was variable, with little specialist mental health training available. They had regular access to managerial supervision, but nurses had to arrange their own clinical supervision. The service had not recently provided any mental health training to officers.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.80 The small integrated service comprised highly experienced and knowledgeable staff, who offered a wide range of clinical treatment options and psychosocial interventions based on patients' individual needs.
- 4.81 The needs of new patients were assessed during their reception health screening, and treatment was arranged promptly for those who needed it. The service had robust pathways for detoxification, but the main need for most new patients was the continuation of their opiate substitution therapy (OST). At the time of the inspection, 16 patients were receiving OST, mainly methadone or long-acting injections of buprenorphine (an opiate substitution medication). These patients received 13-week reviews, conducted jointly by the substance misuse nurse and recovery workers.
- 4.82 At the time of the inspection, the recovery team was supporting 71 patients. It accepted referrals from any source and completed specialist assessments with new patients within five days. The team offered a range of one-to-one and group interventions which included brief interventions (such as harm reduction, relapse prevention and psychoeducation), auricular acupuncture, the SMART (self-management and recovery training) programme, an intensive structured programme, alcohol awareness and mindfulness. Staff were trained in the use of the 'Outcomes Star' tool (see Glossary), which they used when appropriate. Patients had access to a range of in-cell workbooks and information sheets on drug and alcohol use and the associated risks. Ten recovery champions were available to support patients and help facilitate recovery groups. Staff liaised with prison education and neurodiversity leads to establish patients' communication skills, and adapted their interventions where needed.
- 4.83 The service actively supported release and transfer planning by providing handovers to receiving prisons and making referrals to community substance misuse services. Patients were offered naloxone (an opiate reversal agent) on release.
- 4.84 The service was progressive, encouraging continuous learning and development, and staff were keen to suggest new initiatives. Substance misuse training was regularly offered to officers. Some officers had been trained in how to administer nasal naloxone, and two had received training to become 'recovery allies', to support prisoners with addictions. Staff had arranged for patients to have virtual access to mutual aid groups (Alcoholics Anonymous and Narcotics Anonymous). Patients had access to information and

support on steroid misuse. A highly informative newsletter helped to promote the service. The team attended family days (see Glossary) and provided updates to relatives at the patient's request.

- 4.85 The team worked in partnership with wider health care staff, to share information and manage complex patients collaboratively. They worked closely with the prison and other agencies as part of a whole-system drug and alcohol strategy and kept up to date with local and national intelligence.

Medicines optimisation and pharmacy services

- 4.86 Medicines management had generally improved and medicines were supplied promptly. The service was provided by PPG, seven days a week, and there was an on-site pharmacy. Two part-time pharmacists provided weekday cover. The main dispensary on the ground floor of the health care building was cramped, with limited storage, and needed refurbishment.
- 4.87 The skilled pharmacy team was stretched, as a result of long sessions administering medicines and some gaps in the current staff resource. The team worked hard to cover all areas of delivery, and recruitment to the full establishment of pharmacy technicians was under way. However, there was insufficient pharmacist time to deliver medicine use reviews.
- 4.88 Pharmacists had access to SystmOne to support the clinical screening of prescriptions, and felt able to challenge prescribers, when needed. Most repeat prescriptions were automatically supplied to patients, but some items, such as creams and lotions, had to be ordered, which helped to minimise waste. Patients we spoke to reported no delays in receiving their medicines.
- 4.89 Medicines were administered mainly from one location: a large dispensary with two hatches, in the main residential block. The room was grubby and did not meet infection prevention control standards (see also paragraph 4.48).



Medicines dispensing hatch

- 4.90 The morning session took four hours to complete because it took a considerable time to get patients to the hatches. An officer was present to supervise the queue. Not-in-possession medicines and controlled drugs were administered first, followed by in-possession medicines. A second session began at 5pm and, if therapeutically needed, nursing staff would administer medicines at night.
- 4.91 When critical medicines were not collected, there was a good process to support patients, on the same day or next day. Additional support to see patients who did not collect other medicines was also in place, but limited clinical time to deliver this and planned spot checks for patients receiving in-possession medicines was having an impact on delivery.
- 4.92 Approximately 74% of medicines were prescribed in-possession, following appropriate risk assessment.
- 4.93 Medicines-related incidents were reported on Datix and reviewed in a timely manner by senior staff. Any lessons learned were shared. There were robust processes to take action for drug alerts.
- 4.94 There was a focus on safe prescribing, with a clear aim to reduce tradeable medicines appropriately. However, there was no local prescribers forum and there had been a five-month gap in the local medicines management meeting because of staff absence, which the team was addressing, to avoid recurrence. The pharmacy service was an integral part of PPG's audit schedule to drive improvement.
- 4.95 There was out-of-hours provision for critical medicines such as antibiotics, and supplies could be made against patient group

directions (which enable nurses to supply and administer prescription-only medicine). A record was kept of the medicines used and their use was audited. Patients could receive over-the-counter medicines such as paracetamol.

- 4.96 A popular 'pharmacy shop' had been introduced by PPG to provide patients with a wide variety of products for purchase, including creams, lozenges and soaps.
- 4.97 Medicines, including controlled drugs, were stored and transported securely, and refrigerator temperature monitoring records were maintained.
- 4.98 Reconciliation of medicines for patients arriving at the prison was routinely completed virtually, but there were plans to have a pharmacy technician present in reception to complete this face to face. There were processes to make sure that prescribed medicines accompanied patients on transfer.

Dental services and oral health

- 4.99 The dental service was well managed by motivated and caring staff. There was robust oversight by the regional leads, and the team was integrated with local health services. Staff training records were all up to date. The numbers of both dentist and therapist sessions had doubled in April 2025 and were now meeting current need.
- 4.100 Applications were triaged by the dental nurse and any urgent need was addressed promptly. The wait for a routine appointment was around eight weeks. Non-attendance was well managed.
- 4.101 The standard range of NHS treatment was provided, including dentures. The dentist offered oral health promotion advice to patients during appointments and the service had delivered prison-wide health promotion initiatives. The team reported good access to secondary care services, when needed.
- 4.102 Patient records were sufficiently detailed and clearly explained the treatment offered and provided. Formal patient experience surveys had provided positive feedback.
- 4.103 There was a recently refurbished and separate decontamination room. This and the dental suite were well maintained and met infection prevention control standards. Equipment was serviced at regular intervals and emergency medicines were available. An orthopantomogram (to X-ray the upper and lower jaw) had recently been installed in the X-ray room to enhance on-site diagnostics, which was a good initiative.

Section 5 Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Daily routines were inconsistent and regularly curtailed. Workshops had either been closed or restricted for many months because of physical security and heating issues but had, by coincidence, reopened on the first day of the inspection. The problems were compounded by the prison having insufficient officers to operate a full regime, leading to unpredictable wing shutdowns. Both prisoners and staff told us of their frustrations at the constantly changing regime, changes to which were not always well communicated.
- 5.2 In addition to these challenges, the prison did not have enough activity places to meet the needs of the population, and over 150 prisoners were unemployed (see also paragraph 5.15). During our roll checks, we found 51% of prisoners locked up during the working day, and only 28% were engaged in purposeful activity off the wings.
- 5.3 When at work, prisoners in full-time employment were unlocked for about eight hours and 30 minutes each day. However, those who were unemployed, or those employed but not needed for work because of workshop closures, spent only about three hours a day out of their cells. Retired prisoners could spend slightly longer than this unlocked. There was no planned regime for self-isolators, and many remained in their cell, with insufficient opportunity to exercise or collect their meals (see also paragraph 3.11). At weekends, time out of cell should have been about six hours a day, but, as a result of recent regular curtailments, it was more likely to be around three hours.
- 5.4 In our survey, 93% of respondents said that they knew the unlock times, but only 37% said that these were regularly adhered to. Both staff and prisoners told us that there were regular delays in unlock, movement and visits. A planned fortnightly staff training day was due to limit time out of cell further.
- 5.5 Time in the open air was too short, being limited to 30 minutes a day during the week and an hour at weekends. The single exercise yard was open to prisoners from all wings at the same time. The area was small for the size of the prison, with only four bench seats and two

pieces of exercise equipment. The exercise session started at the time when prisoners were returning from activities and the lunchtime meal was being served. We saw fewer than 100 prisoners a day using the area, and prisoners told us that they did not have enough time to exercise, shower and collect food before being locked up. Many disabled, elderly and self-isolating prisoners also told us that they were too fearful to join the exercise period as it was offered to prisoners from all wings, some of whom they perceived to be a threat (see also paragraph 3.7).

- 5.6 The library, run by Wakefield Council, was conveniently located in the education department, with ease of access from the main wings. It was an excellent resource and offered materials to suit differing interests, reading abilities and preferred languages. Nine well-trained orderlies helped an enthusiastic librarian. However, in our survey only 41% of respondents said that they were able to visit the library at least once a week, which was much worse than at the time of the previous inspection (76%).
- 5.7 There was a good range of initiatives to support reading in the library, but regime curtailments had affected prisoners' access. Prison data showed that visits to the library had reduced by about a third since the last inspection. Prisoners that we spoke to were frustrated by the closures, and it was disappointing that there was not a mobile library service, and there were no books to borrow on the wings (see also paragraph 5.25).
- 5.8 The gym team was fully staffed and had a group of trained prisoner orderlies that helped with gym activities and accredited courses. Sessions were popular and met the needs of the population.
- 5.9 The two well-equipped gyms had good facilities, but there was no outdoor sports field in use. In our survey, 69% of respondents said that they were able to use the gym once a week or more, which was lower than in similar prisons (82%).
- 5.10 There was good partnership working with the health care team. Assessments and advice on exercise were offered to prisoners with long-term health issues, such as diabetes and obesity.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.11 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

- 5.12 Leaders in education, skills and work, and senior leaders in the prison had not done enough to bring about improvements since the previous inspection, with some aspects having worsened. Although they had very recently begun to take action on providing prisoners with support for neurodiversity and advice for careers in custody, they had not addressed the other recommendations from the previous inspection.
- 5.13 Following changes in leadership, new leaders in education, skills and work and new senior prison leaders understood their strengths and weaknesses, and the wider challenges that they faced to ensure the stability and consistency of the prison. New leaders and senior leaders had a clear vision for education, skills and work and had wide-ranging plans for improvement. However, they had not begun to implement these changes at the time of this inspection.
- 5.14 Leaders and senior leaders had not tackled issues which prevented prisoners from accessing education, skills and work. Due to

significant issues with the prison's infrastructure (see section on living conditions), several industries workshops had had long and intermittent periods of closure (see also paragraph 5.1). Furthermore, when prisoners could attend, the ineffective management of the regime meant that they were often late in arriving at education and training.

- 5.15 Leaders and senior leaders had not provided enough activity places for all eligible prisoners to learn, train and work. In addition, they did not allocate prisoners effectively to workshops, leaving many spaces unfilled. The pay policy was punitive and did not encourage prisoners to take part in education, training and work, with a significant proportion lingering on a 'jobseekers' salary without being allocated to training or work.
- 5.16 Leaders and managers had designed a curriculum that developed the knowledge and skills that prisoners needed to prepare for work and a career in custody, particularly those who had not previously experienced sustained employment. In education, prisoners could gain qualifications in a range of subjects, such as barbering, catering and personal training, which were useful in the prison community. In industries, prisoners learned technical skills, such as Braille transcription, which they used to produce a wide range of fiction and non-fiction books for the Royal National Institute of Blind People. However, leaders did not ensure that the curriculum was ambitious enough for those prisoners who wanted to develop their knowledge and skills further than the basic levels offered, considering that the prison housed prisoners with long-term sentences.
- 5.17 Prisoners benefited from a timely and well-planned induction to education, skills and work. Staff provided helpful advice on the courses and job roles available in the prison. Further advice was available on the wings from well-trained mentors. However, prisoners did not receive further guidance on how to develop their careers in custody beyond what was offered in the curriculum or how to identify, and then meet, their personal or long-term goals.
- 5.18 Milton Keynes College provided the education and training in the prison. Teachers and trainers planned the curriculum carefully to enable prisoners to build their skills incrementally. In barbering, prisoners started with a basic one-length cut, then built on their learning to attempt a range of increasingly complex haircuts and styles. They applied their new knowledge as they progressed through their courses. In mathematics, they related their newly learned knowledge to a range of everyday contexts. Across education and training, outcomes were strong, with most prisoners completing and achieving their qualifications. In English and mathematics, almost all prisoners passed their qualifications on their first attempt.
- 5.19 In industries, instructors supported prisoners to develop complex and valuable technical skills. In industrial cleaning, prisoners followed safe practices on standard and biohazard cleaning

processes. In woodworking, prisoners made bespoke items such as bird feeders for the local community. Prisoners' work was of a high standard and they were proud of what they had achieved.

- 5.20 Teachers, trainers and instructors provided helpful verbal feedback to support prisoners' learning. In education, teachers and trainers tracked prisoners' progress through methodical assessment. This identified the knowledge and skills prisoners were developing and was used to address gaps in knowledge while working towards the qualifications.
- 5.21 Prisoners developed their confidence in work and employment skills over time. For example, in the textiles workshop, where prisoners developed new skills to produce luxury dog beds, they became better at problem solving. They worked well with their peers to discuss different ways to tackle design problems when they arose. However, in most industries workshops, instructors did not record or review prisoners' progress. As a result, prisoners did not consistently reflect on the employment skills they were developing or how to improve further.
- 5.22 Leaders had established appropriate quality assurance procedures in education and training. This included frequent observations of teaching which led to teachers and trainers completing useful professional development to enhance their teaching skills. However, although leaders visited industries workshops and where prisoners worked, they had not implemented the same level of quality procedures to identify areas for development to improve the instructors' skills and enhance this provision.
- 5.23 Staff assessed and recorded prisoners' additional learning needs accurately. Teachers, trainers and instructors used this information well to inform their teaching. For example, prisoners had phased introductions to new workshops, and teachers understood and could avoid things which might trigger previous trauma. Prisoners reported that they felt supported by the teachers, trainers and instructors.
- 5.24 Mentors achieved a range of qualifications that enabled them to fulfil their roles effectively. This included safeguarding, equality and diversity, and mentoring at level 2. In most classrooms and workshops, mentors took ownership of the responsibilities they had in sessions. For example, in barbering, mentors would support tutors by demonstrating haircuts to prisoners, assessing their work and providing useful written feedback to prisoners to help them to improve.
- 5.25 Leaders had not implemented their reading strategy rapidly enough. They had recently begun to screen prisoners with low levels of English, although many of these prisoners were still waiting to be screened. Teachers and instructors had received initial phonics training, but were not using it in their teaching. Leaders had not implemented their plans to introduce reading mentors and work with the Shannon Trust (see Glossary). The reading corners which were

set up in most workshops were not well stocked with interesting or relevant books. Reading was not widely promoted across the prison, although some prisoners who were already able to read made use of the library. Education leaders had developed a reading initiative, whereby prisoners were invited to submit a book review each month which was displayed on the wings and in workshops, although this was relatively new.

- 5.26 Prisoners' behaviour was good. They valued the time out of their cells to learn and work, and were very keen to attend, with attendance at education and work being very high. Most were motivated and worked diligently. They demonstrated the high expectations of conduct expected by leaders and staff, and the classrooms and workshops had positive, purposeful environments.
- 5.27 Staff and prisoners had positive relationships which reflected the respectful culture in which they trained and worked. In art, prisoners described the environment as non-judgemental, and said that prisoners from different backgrounds and experiences worked well together and supported each other.
- 5.28 Teaching staff promoted British values effectively. In education, teachers and trainers linked them to the 'college values', which included positive behaviour, respect, tolerance and understanding protected characteristics. In barbering, these were linked to working with different clients, and in art prisoners developed links to religion, politics and philosophy through their work. In industries workshops, prisoners understood the importance of 'community values' and being part of the prison population. Prisoners consistently demonstrated respect and tolerance in education, training and work.
- 5.29 Leaders provided a range of valuable enrichment activities which were available through different areas of the prison, although this lacked breadth and coordination. Activities included a music workshop in education, Storybook Dads (see Glossary) in the library and competitions on the wings. Leaders had plans to improve the enrichment offer and prisoners had been consulted to share their ideas of what could be included, although this was not yet in place.
- 5.30 Prisoners in certain workshops or carrying out specific roles were able to access laptop computers, where they could complete short courses on a wide variety of topics. This included health and safety for industrial cleaners and equality and diversity training for mentors. Prisoners' access to the virtual campus (see Glossary) was limited to those few who were enrolled on distance learning and Open University courses.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 Leaders had developed reasonable provision to help prisoners maintain contact with their families and friends.
- 6.2 Visit sessions were offered in the afternoons from Friday to Sunday, which was sufficient to meet demand. However, the two-hour sessions often started very late, a source of frustration to both prisoners and their families.
- 6.3 There were two visits halls; one for the general population and a smaller, more basic area for high-risk category A prisoners. The main visits hall was spacious and reasonably equipped, with a small children's play area, a newly introduced gaming section for older children and a tea bar serving some hot food.



Top: Main visits hall, bottom (left) playroom in main visits hall; bottom (right) category A visits room

- 6.4 Family days (see Glossary) were hosted monthly, offering a more relaxed environment for parents to spend extended visiting hours with their partners and children.
- 6.5 Partners of Prisoners (POPS; see Glossary) staff ran the visitors centre, which was a good facility, and visitors were supported appropriately. A family engagement worker had started coffee afternoon sessions, which ran every two months, for those without external visits. This was well received and had grown in popularity since its inception the previous year.
- 6.6 Consultation arrangements with families and significant others were good. POPS regularly surveyed prisoners for their views and held forums. However, while much of the feedback was positive, we saw evidence of issues raised that had not been addressed, such as the late start of visits and variety of refreshments available.
- 6.7 The availability of secure video calls (see Glossary) was limited, but there were plans to expand it and include evening access.

- 6.8 In-cell telephones had been installed since the last inspection, but there were reported delays in numbers being approved.
- 6.9 There was no specific support available to help prisoners build estranged familial relationships or manage events such as childcare proceedings.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.10 All prisoners were serving long sentences for the most serious offences, including 60% convicted of a serious sexual offence. Around half were serving indeterminate sentences, 4% of which were indeterminate sentences for public protection (IPPs).
- 6.11 Leaders reported a slight change in the prisoner demographic since the last inspection, with an increasing number of younger prisoners. However, in the absence of an updated reducing reoffending strategy and action plan, there was insufficient understanding of the changing needs of the population.
- 6.12 The leadership team within the offender management unit (OMU) was stable and worked well together to develop the standards of the prison offender manager (POM) group. The working environment was supportive, but not all POMs were offered formal supervision, and the absence of clinical supervision was a concern.
- 6.13 Since the last inspection, vacancies among probation-employed POMs had been filled. However, the prison-employed POMs were still cross-deployed to other duties in the prison.
- 6.14 The OMU was located in an area that was inaccessible to prisoners. Interview space across the prison was poor and POMs struggled to find spaces to discuss confidential matters with prisoners.
- 6.15 POMs were allocated into small hubs, supported by a case administrator. This arrangement worked well, with good procedures to ensure timely completion of time-bound tasks, such as recategorisation reviews and compiling parole board dossiers.
- 6.16 Recorded contacts between POM and prisoner varied appropriately, according to the stage of sentence. Prisoners who were at key points in their sentence, such as updating their offender assessment system (OASys) assessment or undergoing a recategorisation review, had good contact with their POM.
- 6.17 As prisoners were now coming to the establishment earlier in their sentence, it had become commonplace for them not to have an OASys assessment on arrival. For lifers, in particular, there was

some urgency to start an OASys assessment because of the need to hold a multi-agency lifer risk assessment panel within the initial target period.

- 6.18 OASys reports were strong, with high-quality assessments and appropriate, achievable targets in sentence plans.
- 6.19 It was a striking feature of our interviews with prisoners that, while some described a very positive working relationship with their POM, others were unable to name them. The latter prisoners were left feeling unsupported and generally pessimistic about their situation. In the cases we reviewed, prisoners generally made good progress, although many expressed frustrations. More work was needed to manage expectations.
- 6.20 Key work (see Glossary) was not sufficiently supportive of offender management. Within our case sample, prisoners who had been at the prison for at least six months had received an average of just three sessions over that period. Recorded entries described isolated contacts and failed to build on previous entries (see also paragraph 4.4).
- 6.21 Security reviews for category A prisoners were completed efficiently and those we looked at provided clear recommendations to the national category A team. Recategorisation decisions for others were well considered, but prisoners were not routinely involved or always aware of when their reviews were taking place.
- 6.22 Some progressive transfers were taking place but due to national population pressures, they remained slow. Some prisoners had been waiting excessively long periods, with the longest wait being over two years.
- 6.23 There was good oversight and support for IPP prisoners. Psychology and OMU staff collaborated well and we noted examples where this joined-up and targeted approach had yielded progression for a group which is normally difficult to progress.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.24 Nearly all prisoners were assessed as presenting a high or very high risk of serious harm to others, and potentially subject to multi-agency public protection arrangements (MAPPA; see Glossary) on release.
- 6.25 Work to protect the public was robust. The weekly interdepartmental risk management meeting was an effective forum for assessing and managing risk. This included risks posed by all new arrivals and those subject to communications monitoring. All MAPPA prisoners

were reviewed 12–18 months before their release. Written contributions to MAPPA panels were generally good and attendance at meetings was appropriate.

- 6.26 Telephone and mail monitoring arrangements had changed, and far fewer prisoners now had their communications monitored. For example, prisoners who posed a risk to children were no longer routinely monitored for the first two weeks at the prison. At the time of the inspection, there were no prisoners being monitored in relation to their offences. However, the team listened to a random 5% of calls, which provided some safeguard.
- 6.27 Arrangements for prisoners subject to child contact restrictions were sound and new arrivals were screened to establish the level of risk posed.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.28 The assessment interventions centre was well integrated and offered good support to prisoners and staff. It offered a range of accredited programmes, such as Kaizen, which was for prisoners convicted of sexual or intimate partner violent offences. We also saw examples where staff had gone to great lengths, such as bringing in psychologists from another prison, to deliver an intervention for a small number of prisoners at Wakefield.
- 6.29 Psychology services delivered programmes to prepare prisoners for future group interventions of an intrusive nature. For example, the Helping Hands programme, which was run by the psychology department, gave an opportunity for prisoners to work with their POMs to develop engagement to support such preparation. This was in addition to the more established provision, such as the Foundation Course, which provided an introduction to group work.
- 6.30 Choices and Changes (see Glossary) screenings were completed on all prisoners aged 25 or younger, with a more in-depth intervention having been completed with eight prisoners.
- 6.31 Additionally, there had been the core provision of accredited programmes, although at the point of inspection these had been stopped pending the rollout of the Building Choices (see Glossary) offending behaviour intervention later in the year.
- 6.32 The allocation of places was in line with national instructions, which meant that prisoners completed programmes towards the final stage of their sentence. However, completion rates over the previous year had been low, which meant that many waited for a long time before

they could demonstrate their reduction in risk, to be able to progress in their sentence.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.33 Very few prisoners were released directly from the prison into the community. In the previous 12 months, 11 had been released, half of whom were not from the local area. Most were released to probation-approved premises. The support for the few that were released derived from POMs and community offender managers working closely together.
- 6.34 The introduction of a monthly release planning meeting provided effective oversight of discharges and appropriately considered risk to the public. This was well attended by POMs, and release planning started in good time to make appropriate arrangements.
- 6.35 The OMU team displayed a good commitment to those being released, especially if they were deemed vulnerable as the result of a long sentence or because of heightened publicity around a case. In these circumstances, when prisoners had had no arrangements for collection on the day of release, POMs had escorted them to their accommodation, even when the destination was several hours' journey time away.

Section 7 **Progress on concerns from the last inspection**

Concerns raised at the last inspection

The following is a summary of the main findings from the last inspection report and a list of all the concerns raised, organised under the four tests of a healthy prison.

Leadership

Priority concern

The prison's infrastructure was in a very poor condition in some important areas and in need of HM Prison and Probation Service investment. This included broken lifts, leaking roofs, old showers, the inadequate electricity supply, the poor state of the inpatient unit and outdated physical security systems.

Not addressed

Key concern

Better strategic thinking and more considered planning was needed across a range of important policies and practices to sustain the good outcomes achieved for prisoners. There were, for example, no data-informed strategies or action plans to make the prison safer or promote equality, and both the reducing reoffending and drug strategies were out of date.

Not addressed

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key concerns

The care and management of potential vulnerabilities and risks for prisoners on their first night in the prison were inadequate.

Not addressed

Prisoners were held in the segregation unit for excessive periods. Although many cases were long-term and complex, reintegration planning was too limited.

Addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

There were insufficient health care staff, which meant that patients did not receive appropriate and timely care.

Addressed

There was a significant lack of suitable mental health therapies and interventions, including for those in crisis.

Addressed

Medicines management was poor and oversight was inadequate. Patients did not receive their medicines on time, and the transport and storage of some medicines was not in line with safe standards.

Addressed

Key concerns

Not enough had been done to address perceived disproportionality in treatment, particularly among black and minority ethnic prisoners.

Addressed

Dental care waiting times of up to nine months for treatment were too long.

Addressed

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Time out of cell for too many prisoners was poor. We found half of the population locked up during the working day.

Not addressed

There were not enough activity places to meet the needs of the whole prison population. The limited physical space and availability of suitable buildings within the prison hindered any further plans to provide enough places.

Not addressed

Key concerns

In most prison vocational workshops, prisoners had no opportunity to achieve accredited qualifications. The often high levels of knowledge and skills they were gaining and applying through their work was not sufficiently recognised.

Not addressed

Not all of the prisoners had received timely information, advice and guidance to help them make informed choices about their activities. Those with complex learning needs and difficulties did not get a prompt in-depth screening to identify the most beneficial support strategies.

Addressed

The education curriculum was not sufficiently ambitious. It did not meet the needs of prisoners with higher levels of prior attainment.

Not addressed

Rehabilitation and release

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key concerns

Prisoners were often frustrated by their lack of sentence progression. Prison offender manager contact was mostly task driven and there was insufficient access to treatment interventions.

Partially addressed

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending, and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a

small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of concerns from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our

Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmip/expectations/)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Harriet Leaver	Inspector
Rick Wright	Inspector
Nadia Syed	Inspector
Dawn Mauldon	Inspector
Martyn Griffiths	Inspector
Yvette Howson	Inspector
Jade Richards	Inspector
Helen Ranns	Researcher
Tareek Deacon	Researcher
Jasmin Clarke	Researcher
Emma Crook	Researcher
Simon Newman	Lead health and social care inspector
Maureen Jamieson	Health and social care inspector
Si Hussain	Care Quality Commission inspector
Karen Anderson	Ofsted inspector
Jonny Wright	Ofsted inspector
Sheila Willis	Ofsted inspector
Rachel Angus	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Building Choices

A programme that aims to help participants develop skills for change and support in building a crime-free life.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Choices and Changes

A resource pack to promote maturation in young adults.

Family days

Many prisons, in addition to social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

MAPPA

Multi-agency public protection arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

Outcomes Star

A tool that captures the more subjective indicators of progress and is based on a 'cycle of change' approach. It identifies five key stages which move from 'being stuck', 'accepting help', 'believing', 'learning to reach potential' and 'self-reliance'.

Partners of Prisoners (POPS)

A user-led organisation, supporting families through their contact with the criminal justice system as a result of a loved one's conviction.

PAVA

PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Shannon Trust

A national charity which provides peer-mentored reading plan resources and training to prisons.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Storybook Dads

Enables prisoners to record a story for their children.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Virtual campus

Internet access for prisoners to community education, training and employment opportunities.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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