



# Annual Report of the Independent Monitoring Board at HMP Wakefield

**For reporting year  
1 May 2019 – 30 April 2020**

**Published March 2021**



# Contents

<b>Introductory sections 1 – 3</b>	<b>Page</b>
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Executive summary	6
<b>Evidence sections 4 – 7</b>	
4. Safety	11
5. Fair and humane treatment	14
6. Health and wellbeing	17
7. Progression and resettlement	18
<b>The work of the IMB</b>	20
<b>Applications to the IMB</b>	21

## **Introductory sections 1 - 3**

### **1. Statutory role of the IMB**

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release.
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has.
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

## 2. Description of the establishment

HMP Wakefield is a long-term high-security prison for men typically in security categories A and B. It was originally built as a house of correction in 1594. In 1966, the prison was designated as a 'dispersal' prison following the recommendations of the 1966 Mountbatten Report into Prison Escapes and Security. Today, Wakefield is one of 13 'long-term high-security estate' (LTHSE) establishments, and a main lifer centre with a focus on men convicted of serious sexual offences. The prison roll is circa 740, including approximately 150 category A and no more than 10 category A 'high-risk' prisoners. The population profile is shown in Figure 1.

There are four residential wings: A, B, C and D. All cells are of single occupancy, except for a small number of accessible cells that contain sufficient space for a prison 'carer' to reside. Prisoners are also held in the healthcare centre, the segregation unit – on Prison Rule 45 (removal from association) and a small number of Rule 46 designated cells – and the close supervision centre (CSC; Prison Rule 46), both being located in F wing.

The CSC operates under a 'national coordinated management strategy' to provide a secure isolated location for those prisoners who are assessed as consistently and violently disruptive. The main prisoner facilities provided comprise wing kitchens, snooker and pool tables, a gym, a library, an external exercise area and sports field, a chapel, education spaces and a selection of work places.

During the reporting period, the following services were supplied by contract: healthcare services were provided by Care UK; Education was provided by Milton Keynes College; Maintenance was delivered under contract to Amey, and prisoner transport (for non-category A prisoners) was provided by GEOAmey.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Unsentenced</b>	7	5	4	5	4	3	NA	2	2	2	5	5
<b>Less than 6 months</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>12 months – 2 years</b>	0	1	0	0	0	0	0	1	0	0	0	0
<b>2 years – less than 3 years</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>3 years – less than 4 years</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Over 4 years – less than 10 years</b>	18	18	18	18	19	17	15	16	16	16	16	17
<b>10 years and over</b>	357	363	361	371	379	381	384	380	384	385	381	380

<b>Life</b>	337	287	330	330	285	285	333	333	333	334	283	285
<b>Total population</b>	<b>719</b>	<b>721</b>	<b>713</b>	<b>724</b>	<b>734</b>	<b>734</b>	<b>734</b>	<b>732</b>	<b>736</b>	<b>738</b>	<b>734</b>	<b>735</b>
<b>Number of category A prisoners</b>	147	147	145	146	148	148	150	153	151	155	158	160
<b>Number of category A remands/awaiting extradition</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number in hospital</b>	7	8	8	8	7	9	11	11	11	14	10	10
<b>Number of high-risk prisoners</b>	9	9	6	6	6	6	7	6	8	8	7	6
<b>Number in outside hospital</b>	0	2	0	0	1	1	1	0	1	0	1	0

Figure 1. Monthly population profile at HMP Wakefield

### 3. Executive summary

#### 3.1 Background to the report

This report presents the Board's views on the conditions of custody at HMP Wakefield during the reporting period 1 May 2019 – 30 April 2020. In arriving at our judgments, we draw on an evidence base that includes, *inter alia*, continuous monitoring observations of prisoners and staff through weekly 'rota' visits, attendance at 'bi-weekly' Prison Rule 45 review boards, local management committees, prisoner representation bodies, and dealing with specific prisoner applications to the Board, including those received under confidential access to the Chairperson.

The preparation of this report occurred during the initial stages of the COVID-19 pandemic. This, coupled with the resignation of an experienced Board member in 2020, led to a significant delay in undertaking the research necessary to produce this report. Furthermore, the Board continues to operate at the sub-optimal number of members - 63% of the recommended complement. 30% of members are subject to the requirements of the probationary year.

**It is our overall conclusion that HMP Wakefield continues to provide a regime that is, on the whole, just, consistent and inclusive.**

#### 3.2 Main judgements

##### How safe is the prison?

**HMP Wakefield is a safe, orderly and disciplined prison.** However, there are some prisoners who, by virtue of their previous offending and/or general propensity to commit acts of extreme violence while in custody, are an ever-present threat to the safety of other prisoners and staff. Our monitoring of the intelligence gathering work undertaken by the security team satisfies us that the establishment is committed to, and effective in, keeping prisoners and staff as safe as is reasonably practicable. Nevertheless, violence towards staff and prisoners has occurred, and in cases where the nature of the alleged offence cannot be dealt with under the internal prison discipline system, they are referred to West Yorkshire Police. In some cases, West Yorkshire Police do not appear to progress investigations with the expediency that one would expect in the community; we therefore intend to raise our concerns with the appropriate authorities.

The Board is aware of numerous cases of the successful reintegration of prisoners into the main residential units following extended periods of violent behaviour, indiscipline and self-harm. It is a credit to staff that positive outcomes can be achieved, despite the evident threat that some prisoners present to the good order and discipline of the prison. A safe, high-security prison requires the careful balancing of competing risks to ensure that prisoners are sufficiently motivated to engage constructively in the regime; this requires an intelligence-led approach,

strong leadership and a degree of moral courage. We observe this at Wakefield, despite the significant constraints of a high-security setting.

## **How fairly and humanely are prisoners treated?**

**The Board believes that prisoners are, on the whole, treated fairly.** The Board attends adjudication standardisation meetings, wherever possible, and remains satisfied that procedures are, on the whole, leading to just outcomes, and that the application of the Prison Rules is consistent and transparent. The Board is furnished with adjudication data and invited to attend the ‘adjudication standardisation’ committee; we are satisfied that the prison is effective in monitoring prison discipline matters and is aware of trends that may suggest that particular groups of prisoners are more likely to be subject to disciplinary procedures.

The Board remains seriously under-strength and has been unable to monitor the work of the prisoner equality action group (PEAG) for the second consecutive year – we are therefore caveating our view accordingly.

The Board is concerned to note that some prisoners are held on Prison Rule 45 for periods that are simply unacceptable, and arguably inhumane (see section 3.3).

We remain concerned by the impact of an aged physical environment on prisoners who, by reason of their mental or physical health, may be disadvantaged in relation to their specific needs.

We continue to receive representations from prisoners who are subject to indeterminate sentences for public protection (IPP; section 225 of the Criminal Justice Act 2003). We restate our concerns to the minister in the 2018/19 annual report; it is the case that some IPP prisoners are subject to mental health distress as a consequence of a failure to provide them with a degree of certainty in relation to their sentence planning. It is frustrating that we are not able to provide any meaningful responses to prisoners’ applications in relation to IPP sentences.

## **How well are prisoners’ health and wellbeing needs met?**

We believe that prisoners’ physical health needs are generally met, and that in cases where they do not believe this to be the case, they have recourse through a separate complaints procedure administered by the Care UK healthcare management team. The Board does not have regular access to information in relation to healthcare complaints, but we note that, in some isolated cases, prisoners have told us (and provided evidence) that responses do not appear to be documented correctly (for example, the omission of the names of the individual staff member providing the response, and the complaint log number).

Board members receive regular oral representations and written applications in relation to mental healthcare. The Board is of the view that some prisoners at Wakefield do not receive adequate mental health support. We are particularly exercised by the impact of long-duration Prison Rule 45 segregation on prisoners who are not on the mental health caseload; some of these prisoners evidently

present with complex behaviours that manifest in self-harm, 'dirty protests' and violence against discipline staff.

The provision of palliative care for end-of-life prisoners, notably those who reside in the healthcare centre, is consistent with what could be expected in the community and the ambitions of the 'Dying Well in Custody Charter'. We are aware of isolated situations where prisoners (who may be assessed as relatively low risk) are presented to an external hospital in restraints. Our monitoring suggests that the prison is aware of the importance of respecting patients' individual dignity while complying with the security protocols imposed on the prison by Her Majesty's Prison and Probation Service (HMPPS).

### **How well are prisoners progressed towards successful resettlement?**

HMP Wakefield is one of 13 LTHSE prisons, and a dispersal prison for the purposes of managing the Category A population. As such, the work of the prison is orientated around programmes to address serious offending, including serious sexual offences, often against children. The prison has adopted the theoretical principle of a 'rehabilitative culture', which recognises that 'for any prison to achieve improved outcomes around rehabilitation, the core building blocks of a safe and decent environment must be in place'. Much of the work undertaken by the staff at Wakefield is designed to provide the foundations for progression to category B and C prisons rather than resettlement in the community upon discharge from custody.

### **3.3 Main areas for development**

#### ***TO THE MINISTER***

In our previous annual report, we emphasised the necessity for expeditious transfers of prisoners who present with serious acute mental health conditions to appropriate mental health accommodation as **a matter of extreme urgency**. We believe that the situation has deteriorated further still. We therefore find it necessary to restate our concerns in the 2017/18 annual report:

'The Board is particularly exercised by the detrimental impact of prolonged segregation on prisoners and the operational staff charged with their day-to-day safe custody. Section 47, 1(3) of the Mental Health Act 1983 as amended in 2007 specifies the requirement for treatment to be available before the Secretary of State can make a direction under the Act. The acute lack of available treatment and/or delays arising from the evidently complicated multi-disciplinary decision-making process often places operational staff at Wakefield in the pernicious position of providing care that they have received little, if any, formal training in'.

We remind the minister of the recommendation contained in the 2018 report by Her Majesty's Inspectorate of Prisons – elucidated in the subsequent action plan submitted by HMP Wakefield (to the Ministry of Justice) on 4 February 2019:

‘The Ministry of Justice should work with the Department of Health to ensure that – following repeated recommendations and concerns expressed by this Inspectorate and others, including the Public Accounts Committee – effective action is taken to complete transfers under the Mental Health Act within the target time of 14 days. (S37)’

We are concerned that a failure to address the legitimate concerns of this Board in relation to prisoners who present with serious personality disorder and/or mental illness, something that can only be addressed by ministers working across departments, is damaging our credibility and reputation among prisoners and staff. We cannot function effectively without the confidence of staff and the trust of prisoners. Our competence is naturally determined by an ability to influence change for the good, but the worrying corollary is that failing to act on our concerns is to disregard them as intractable and ‘to be endured’. This cannot be right.

It is now commonplace for experienced members of this Board to be spending considerable amounts of their time monitoring, recording and gathering the necessary evidence to challenge segregation decisions in situations, consequential of the issues described here, where the Board deems it appropriate to do so. This is also unsustainable.

## ***TO THE PRISON SERVICE***

Some prisoners are held on Prison Rule 45 for periods that are, quite simply, far too long. In the Board’s written submission to the April 2020 segregation monitoring and review group (SMARG), we articulated ‘extreme concern’ in relation to the segregation of one particular prisoner who had served 949 days cumulatively on Prison Rule 45 at HMP Wakefield, and at another LTHSE establishment. At the time of writing this report, the prisoner is still held on Prison Rule 45 at HMP Wakefield. In that same report, there were three further prisoners identified who respectively had served >100, >200 and >300 days of continuous segregation under Prison Rule 45.

In monitoring the segregation of prisoners at Wakefield who present with complex behaviours, chiefly those with a propensity to commit acts of violence (sometimes life-threatening), we have formed a view that there is an evident deficiency in the strategic management of this specific cohort of prisoners – more specifically, those deemed to have a personality disorder and who do not present with a diagnosable mental illness. What we see at Wakefield is a ‘merry-go-round’ of ‘seg-to-seg’ transfers, which appear to be facilitated by informal negotiations between Governors. This is simply wrong and must cease; transferring problematic prisoners around the LTHSE without a long-term plan is unlikely to provide any meaningful opportunities to tackle the root causes of their behaviour. The physical environment at Wakefield is not conducive to supporting prisoners who require specialist interventions, and is more likely than not to induce mental ill-health, rather than prevent its onset.

The Board would be grateful for a copy of the most recent version of the ‘Close Supervision Centre Operating Manual’. The 2013 version is the most recent publication we have available, and we are mindful that it contains a number of anachronisms (see section 5.2)

We continue to solicit the views of all grades of HMPPS and contracted staff at Wakefield. As was the case in the previous reporting year, some officers reported feeling ‘undervalued’ as civil servants and have evidenced this by highlighting aspects of their working environment. For example, we often encounter worn furniture in landing offices, poor ventilation of spaces (which is problematic as far as aerosol transmission of viruses is concerned) and low starting salaries for officers joining the service; the starting salary for a prison officer at HMP Wakefield is £23,529 (for a 39-hour week, including 17% unsocial hours).

## ***TO THE GOVERNOR***

Our conversations with prisoner representatives, including ‘Wayfinders’ and other volunteers, indicates a perception that the ‘enabling environment’ ethos has deteriorated at Wakefield. It is difficult to capture evidence in relation to this, but we encourage the Governor to consider a review of how psychologically informed regimes at Wakefield may, or may not, be efficacious.

### **3.4 Progress since the last report**

The Board is afforded excellent resources in the form of a competent and experienced clerk, two HMPPS quantum-linked information technology terminals, a printer and access to the Prison National Offender Management Information System (P-NOMIS). We do not have access to patient records held on SystemOne but have yet to encounter a situation where requests for information from healthcare staff are not met, unless a prisoner declines access to his records. This has not been the case, however.

The Board believes that it is appropriate to note the exceptional quality of information and data provided to us by the administrative function responsible for the CSC and segregation unit. Information requests are dealt with promptly; data reports, including from the SMARG, and for adjudication standardisation and use of force, are presented in a highly accessible and informative way, and we believe that suitable recognition is therefore appropriate.

## Evidence sections 4 – 7

### 4. Safety

The Board generally considers HMP Wakefield to be a calm environment, despite its challenging prisoner mix and changing population profile. Any changes to the population profile of men who have and have not been convicted of sexual offences creates concerns for overall safety. The care and welfare of an increasingly older population and the associated health and mobility challenges are concerning to the Board and will continue to be monitored.

This section draws on evidence gathered from the outcomes of routine meetings with the 'safer prisons' team, together with our own observations and verbal feedback from wing representatives, Listeners and individuals, to determine how safe the prison feels to the prisoners themselves.

#### 4.1 Reception and induction

The number of new arrivals into the establishment remains comparatively few, and they are therefore able to be managed satisfactorily. Accordingly, all new prisoners are assessed carefully on arrival prior to receiving their induction into the prison.

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

The number of self-harm incidents has again significantly increased, from 268 last year to 364. Within this figure, the number of individual people self-harming has also increased, from 72 to 158, and points toward an increase in self-harming by certain challenging individuals with complex and difficult problems.

The prison continues to utilise its safer custody (self-harm and suicide prevention) local operating procedures within its induction training programme. This is aimed at making Wakefield a safer place to live and work, by reducing and managing incidents of violence and self-harm. It is managed by the safer custody team, to provide assurance, support and effective care to the most vulnerable prisoners who display challenging and/or violent behaviour, to encourage positive outcomes.

The number of assessment, care in custody and teamwork (ACCT) documents opened has marginally increased since last year, from 202 (117 individuals) to 232 by 214 different prisoners, showing a larger percentage of individuals than the previous report.

The routine random sampling of these documents by prison governors shows an overall improvement in documenting these processes, and continues to reduce the infrequent minor issues, mainly in ensuring that all details are completed in a timely manner. To address this concern, the establishment has maintained a focused staff ACCT training package.

Without in-cell telephones, access to the Samaritans is only available using the telephone located on each wing. A Samaritans representative attends the safer prisons meetings and also interacts separately with the appointed representatives. In

addition, the prison visitors scheme continues to be available to all prisoners, whether or not they receive visits from family members or friends.

There were eight deaths within this reporting period. This is a lower number than in the previous year, when 11 cases were recorded. All deaths were due to natural causes and consistent with an aged population serving long sentences, with the exception of one prisoner, whose death was apparently self-inflicted. Each occurrence has been appropriately and satisfactorily handled, in a respectful and dignified manner, with the use of liaison officers to engage with and notify relatives to provide the appropriate and timely support.

The continued practice of Wakefield's death in custody algorithm (which is used in line with the Graham judgment) for the use of restraints continues to enable staff to conduct risk assessments to gain a better understanding of any mobility issues of individual prisoners.

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

The total number of acts of violence has reduced significantly, from 177 in 2018/19 to 113. This figure is made up of 47 recorded assaults made on the staff, 55 assaults on prisoners and 11 prisoner fights. All attacks on staff and prisoners continue to be well documented within the prison. During the 2019/20 period, there were fluctuating perceptions from prisoner representatives of safety levels on the wings. The dominant reasons for these were the influx of younger people, noise levels, illicit drugs, queue jumping, theft and persons forming groups which was stated to be causing older prisoners to feel threatened. Senior managers are aware of these issues and continue to make efforts to address these concerns.

It is essential that feedback is given to prisoners so that their perceptions of safety are better understood, and this relies on good liaison between the safer custody team and the residential wing managers.

Importantly, there are a select number of prisoner representatives located on each wing to provide peer support for anti-bullying. Wing carers and Listener representatives are also available.

#### **4.4 Vulnerable prisoners, safeguarding**

Wing safety figures are expressed every month by wing representatives who attend scheduled monthly meetings with a cross-section of senior managers and voluntary groups, including the Board.

#### **4.5 Use of force**

This is the first time that use of force data has been specifically collected for the annual report. At the time of compiling, only nine months' data (July 2019 – March 2020) was available; however, the three-quarter year figures show the planned interventions being listed at 31, with 111 additional unplanned interventions recorded.

In addition, the use of ratchet handcuffs was recorded on 51 occasions and batons were drawn nine times, although these were not required in three of these incidents.

#### **4.6 Substance misuse**

In the last year, the use of illicit drugs by prisoners has, again, remained largely constant throughout this period. This mainly involved the inappropriate use of prescribed medicines and misuse of substances (such as 'spice'). This continues to be under constant monitoring and review, and is being taken seriously by the establishment, with the drug management team conducting routine random prisoner testing.

### **Summary**

The safety area of most concern to the Board is the increase in the number of self-harm incidents compared with last year, but it continues to believe that Wakefield is committed to providing and maintaining a safe environment for all who live, work and visit this establishment, and considers that it generally provides a calm and safe habitation, despite its challenging population mix and changing profile. The influx of younger prisoners continues to raise concerns among the older population with regard to bullying and harassment, and will continue to be monitored.

Although in-cell telephones are not yet available to the general population, access to the Samaritans is available via fixed lines and cordless telephones. This is linked to the prison visitors scheme that is available to all prisoners.

Throughout the majority of this reporting year (before the outbreak of COVID-19), there has been continued assistance with prisoner safety through the existing programmes of support to all prisoners via the prisoner support scheme. This provides for prisoner Listeners, safer prisons and carer representatives being available on all wings on a 24/7 basis. Since the onset of the pandemic and the associated restrictions, the drug management team (DMT) has performed routine regular visits to all wings, to provide the prisoners and representatives with continued access to these services.

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

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

The residential areas of the prison continue to be, generally, calm and ordered. Prisoners more often than not express a perception of feeling safe and reasonably empowered to engage with a full regime. Our previous annual reports have identified this strength of HMP Wakefield; it is arguably a benefit of a relatively static population of prisoners, single cell occupancy and a willingness to introduce elements of innovation into the daily regime.

In our previous annual reports, from 2015/16 onwards, we have raised the needs of an increasingly ageing population at Wakefield as an issue. These prisoners, particular those with mobility impairment, require more active support to facilitate their engagement with the regime. We recognise that their issues are being raised and tackled through the appropriate management systems, and most notably the Prison Equality Action Group (PEAG), and it is, again, regretful that we have found ourselves unable to track progress this year.

Some prisoners and staff have expressed their concerns with the ventilation of residential spaces in the summer. We are informed that the fully fenestrated roof vents are designed to be used only in situations of fire, rather than for general temperature regulation. We are also frequently told by prisoners that residential units can be very cold in winter and very hot during periods of high external temperatures.

### **5.2 Segregation, special accommodation**

Prisoners held on Prison Rule 45, Prison Rule 46 and Prison Rule 53(4) (removal from association pending the Governor's first enquiry) are located on F wing. Very occasionally, Rule 45 prisoners are located in a cell on one of the main residential wings.

F wing is physically separated from the main prison and comprises two distinct parts and regimes: a segregation unit (21 cells) for prisoners held on Prison Rules 45 and 53(4), and a CSC (eight cells) for prisoners held on Prison Rule 46. There are a further four 'designated cells' in the segregation unit; these are designed to ensure that adequate Rule 46 accommodation is available across the LTHSE. The use of designated cells is deemed to be appropriate in situations where it is necessary for the temporary removal of prisoners from the main CSC units. The term 'designated cells' reflects the fact that their use may be designated by the director of the LTHSE, with the delegated authority of the Secretary of State, for the purpose of holding Rule 46 prisoners only. These cells may also be used for prisoners under assessment for selection into the CSC system. Assessment procedures for selection into the CSC system are described in Prison Service Instruction 42/2012, and the guidance for operating of CSCs is described in the 'Close Supervision Centre Operating Manual'. The Board notes that this document was published in October 2013, and that we do not have access to an updated version; we assume that one exists, and will be grateful to receive a copy from HMPPS. We are concerned that the 2013 version does not reflect the changes made to the CSC system since 2013 – specifically, at

HMP Wakefield, where the 'exceptional risk unit' no longer exists. Furthermore, this document is crucial in articulating the importance of facilitating independent monitoring in CSCs.

During the reporting year, we have monitored the wing at near full capacity, and note that a significant proportion of prisoners are transfers from other prison segregation units, as a consequence of disruptive behaviour. It is common for HMP Wakefield segregation staff to be charged with the safe custody of prisoners who are alleged to have committed or been found guilty of extreme violence towards staff and/or prisoners. The disruptive behaviour of many prisoners on the unit can present difficulties in delivering a consistent regime; at times of maximum occupancy, staff rely on some prisoners electing to decline one or more components of their regime (for example, a telephone call, shower, gym or exercise), in order to ensure that other prisoners are able to access their regime. It is not uncommon for prisoners on F wing to be subject to the most stringent and resource-intensive unlock protocol (that is, supervising officer plus six officers).

All members of the Board have access to the CSC and segregation unit, and attend the CSC review meetings on a rota basis; these are held monthly. During the reporting year, the Board was pleased to be able to facilitate a visit by a member of the IMB Secretariat to the CSC, by invitation of the Governor. The visit included an opportunity for our visitor to speak with one of the prisoners on the unit, during his gym session; we are grateful to him for taking time out to discuss his experiences of the Wakefield CSC.

All prisoners on the segregation unit and CSC are observed by a member of the Board on a weekly basis, and, wherever possible, engaged in conversation. In some cases, prisoners decline to see members of the Board at their cell door, and their wishes are respected; members enact alternative methods of monitoring in these cases (for example, observing prisoners at the servery during meal service).

Some of the prisoners on the unit present with severe personality disorders and/or mental health problems. We observe a great deal of patience, courage and empathy being displayed among the staff but we are nevertheless concerned by the prevalence of long duration use of Prison Rule 45 in the segregation unit. Discipline staff at Wakefield are, in our view, responsible for the safe custody of a significant number of prisoners who should not be in this unit because of the impact that segregation is likely to have on their mental health.

We remind HMPPS of the 'key outcomes for segregation of prisoners':

- A safe, ordered and decent prison is maintained.
- The use of segregation in prisons is lawful, safe, and decent.
- Prisoners strengthen the positive aspects of their behaviour, address their negative behaviour and return to a location suitable to meet their particular needs.

The latter point implies that segregation should not be used as a location to accommodate prisoners in situations where there is no realistic prospect that it will strengthen positive aspects of their behaviour or address their negative behaviour.

In relation to Prison Rule 45 review boards, we are concerned that input from the mental health nursing team is not always of the required quality. It is crucial that a

registered mental health nurse attends the review board **and** contributes to the discussion of each and every prisoner under consideration for further segregation, irrespective of whether the individual prisoner is on the caseload.

### **5.3 Staff/prisoner relationships, key workers**

We believe that staff/prisoner relationships are, on the whole, good. There are isolated cases where relationships are not good, and prisoners have made representations to the Board through written applications. Staff on the residential units tend to have a very good understanding of prisoners and their individual needs and risk factors. This is a consequence of having a settled population and good key work, which is often evidenced by high-quality entries on P-NOMIS.

### **5.4 Equality and diversity**

Yet again, the Board found itself unable to monitor the PEAG committee throughout the reporting period. This is the consequence of a significantly 'under-strength' complement of Board members.

### **5.5 Faith and pastoral support**

We observe an effective chaplaincy service, and note the good work that takes place to support some of Wakefield's most complex prisoners – notably, those who are held on Prison Rule 45. P-NOMIS entries from chaplaincy staff are often used by Board members as a source of useful data when researching applications; we are grateful to them for their diligence.

### **5.6 Incentives and earned privileges (IEP)**

The Board has not monitored IEP data in the reporting year, but we have dealt with a number of applications in relation to IEP.

### **5.7 Complaints**

The Board receives individual prisoner complaints under confidential access to the Chairperson, and in standard Board applications. We actively encourage prisoners to use the Comp1 and Comp1a procedures where appropriate. Applications to the Board in relation to property account for the largest proportion of all applications received in the reporting period.

### **5.8 Property**

We are grateful for the response to our previous annual report, and note HMPPS's clarification on the delayed 'new prisoners' property framework' and the intention to publish in spring 2019. We are disappointed that no further progress appears to have been made. The board continues to deal with the frustrations of prisoners who experience problems with their property – often for reasons that are inexplicable to us. We have yet to receive further information on the new framework, and would request clarification from HMPPS on the status of its implementation. Property issues create unnecessary conflict and can often be time consuming both for staff and members of this Board who are, by any measure, stretched.

## **6. Health and wellbeing**

Healthcare services at HMP Wakefield continue to be provided by Care UK. This is their third year of operation within the prison.

The Board team delegates two members to monitor health and social care services within the prison, who have an excellent working relationship with the staff. Two-monthly meetings are held with the head of healthcare, who is open and communicative on all aspects of health and social care provision

Staffing levels have been variable throughout the healthcare estate, with the usual delays in the recruitment process for high-security prisons and staff turnover being the main causative factors.

Gaps in staffing are filled by agency nurses. At the end of the reporting period, there were seven staff vacancies; a new head of mental health, three mental health nurses and a psychologist were all posts out to advert.

Inpatient healthcare provision is housed in a building whose facilities are not fit for purpose and is of grave concern to the healthcare team. Despite this, the nursing team continues to provide a high standard of care, as witnessed by members' weekly visits and talks with prisoners and staff. Wakefield operates without a vulnerable prisoner unit. On some occasions, vulnerable prisoners are housed in the inpatient unit. The Board monitors these numbers and is pleased to report that there has been no significant increase over the reporting period. Additionally, there were only nine applications received by the Board that related to healthcare issues.

A recovery team of four staff, contracted to the Midlands Partnership Foundation Trust, continues to operate alongside medical services, providing support for smoking, drug and alcohol addiction. The transition to 'vape' smoking has gone well, now in the second year since the tobacco ban at HMP Wakefield. The recovery team still provides cessation programmes on an as-requested basis. Approximately 140 prisoners have made use of the recovery services.

Following months of planning, we are pleased to report that primary healthcare services now have the benefit of a pharmacy technician, as well as nurses at each medicine dispensing session. These staffed sessions are also available at weekends.

The last two months of the reporting period have seen the unprecedented need to lock down the prison owing to the COVID-19 pandemic, and this is still the case at the time of writing this report. Prisoners are locked in their (single) cells full time, except for daily showers, exercise and food collection. Weekly welfare checks are conducted and recorded on all prisoners.

A reverse cohort unit has been set up in the healthcare building to facilitate prisoners who are quarantining, following a transfer into the prison or returning from an outside hospital. There has been no shortage of personal protective equipment for either the medical/clinical staff or officers. The Board is pleased to report that the

quarantine/isolation measures in place for staff and prisoners have resulted in single-figure numbers of COVID-19-positive prisoners.

## **7. Progression and resettlement**

### **7.1 Education, library**

Education provision at HMP Wakefield is delivered under contract by the Milton Keynes College and located in the dedicated education block located adjacent to the main residential units. Prisoners have access to courses ranging from basic skills and proficiency in core subjects such as English and mathematics through to distance learning higher education delivered through The Open University. Vocational skills are developed through accredited courses in catering and industrial cleaning, amongst others. The board is pleased to note that two members of the education team at HMP Wakefield were recognised in the 2019 Milton Keynes College awards for 'Alternative Learning System (ALS) Practitioner of the Year' and 'Partner of the Year'.

The prison continues to work towards improving the educational offer available to prisoners at Wakefield, this is particularly imwhen one considers the duration of sentences being served by prisoners at Wakefield. The most recent HMIP inspection report identified the need for 'sufficient, fully used education, training and work activities to occupy the population fully.

We are informed that education staff now use a consistent system to record authorised absences and that these are scrutinised, discussed and monitored via the reducing reoffending team.

From April 2019, the prison has been empowered to procure educational services through both a Prison Education Framework (PEF) and Dynamic Purchasing System (DPS) – particularly for small-scale training provision. We have found ourselves unable to monitor this new arrangement but are mindful that the other agencies are, including the Prison Learning Alliance.

Members of the board have made regular visits to the education sessions and witnessed good work and positive relationships in action. We rarely receive applications from prisoners in relation to education provision.

Library services are provided by the City of Wakefield Metropolitan District Council (WMDC). The library is run by WMDC staff, supported prisoners. It is stocked with a range of books and also audio resources, including music on compact disc. Library staff are often asked for access to legal resources, particularly in cases where prisoners are researching appeals against conviction, preparation for parole hearings or internal prison disciplinary hearings. It seems an opportune time for HMPPS to explore the possibility of implementing a nationally available set of legal resources for prisoners.

### **7.2 Vocational training, work**

There are a number of high-quality workshops in operation, where significant craft and workplace skills can be developed. In addition, there are some excellent instructional staff, who command respect from prisoners because of their expertise and enthusiasm for their trade.

For the reporting year, the Board's concerns remain as per prior years, and to a certain extent are somewhat outside the control of the regime at HMP Wakefield, and we again refer them to the Prison Service and ministers for discussion and action. Despite the ministerial response to the 2018/19 annual report, it remains the case that prisoners are not afforded sufficient true purposeful activity. Once again, we saw no extension of the Prison Service 'internal market' at HMP Wakefield during the reporting year, which was disappointing, particularly given the length of sentence that many prisoners at the establishment are serving. There remains an urgent need for additional high-quality, active and purposeful work at Wakefield, and for a reasonably large number of prisoners to be encouraged and motivated.

### **7.3 Offender management, progression**

In our previous annual report, we highlighted concerns with prisoner access to assessment and intervention centre (AIC) programmes via key worker referral. The Board is pleased to report that significant progress continues to be made in this area.

We commend the AIC delivery for the breadth and depth of its interventions programme, and fully endorse the endeavours to fulfil this. However, again as per other areas, this is frequently hampered by the availability of qualified staff to undertake the workload, and the Board believes that this crucial aspect of the work of the prison should be resourced appropriately.

We also commend the AIC on the quality of information and insight that it provides to the Prison Rule 45 review boards. It is imperative that Board members are confident in the quality of the information that is provided to review boards, for the purposes of determining if the member is 'satisfied that procedures have been followed and the decision reached is reasonable' (Prison Service Order 1700).

The Board would, again, like to draw ministers' attention to the requirement for additional central support on the recruitment and retention of all qualified vacancies throughout the Prison Service.

### **7.4 Family contact**

Family contact and visits are supported by 'Partners of Prisoners' (POPS). Our main concerns relate to the problem of a lack of in-cell telephony; we are aware of many other LTHSE establishments with this provision, and therefore ponder why there is no ambition to deliver this in Wakefield.

## 8. The work of the IMB

During the reporting year, two new members were appointed by the Secretary of State. One member of the Board resigned. Two members of the Board are full-time employed, one member is in full-time higher education and the remainder are retired from full-time employment. Section 50(2)(d) of the Employment Rights Act 1996 requires that employers permit employees to take time off during the employee's working hours for the purpose of performing any of the duties of the office. The Board is grateful to those employers who continue to facilitate this requirement.

### Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	7
Number of Board members at the end of the reporting period	10 (of which 3 are probationary)
Total number of visits to the establishment	278
Total number of segregation reviews attended	20

## Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	4	5
B	Discipline, including adjudications, IEP, sanctions	10	11
C	Equality	6	9
D	Purposeful activity, including education, work, training, library, regime, time out of cell	18	8
E1	Letters, visits, telephones, public protection restrictions	14	4
E2	Finance, including pay, private monies, spends	3	4
F	Food and kitchens	3	3
G	Health, including physical, mental, social care	12	19
H1	Property within this establishment	10	8
H2	Property during transfer or in another establishment or location	6	8
H3	Canteen, facility list, catalogue(s)	2	4
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	3	5
J	Staff/prisoner concerns, including bullying	27	15
K	Transfers	2	0
L	Miscellaneous, including complaints system	16	9
	Total number of applications	136	112

Figure 2 shows the trend analysis of applications received in the period 2009–2020.

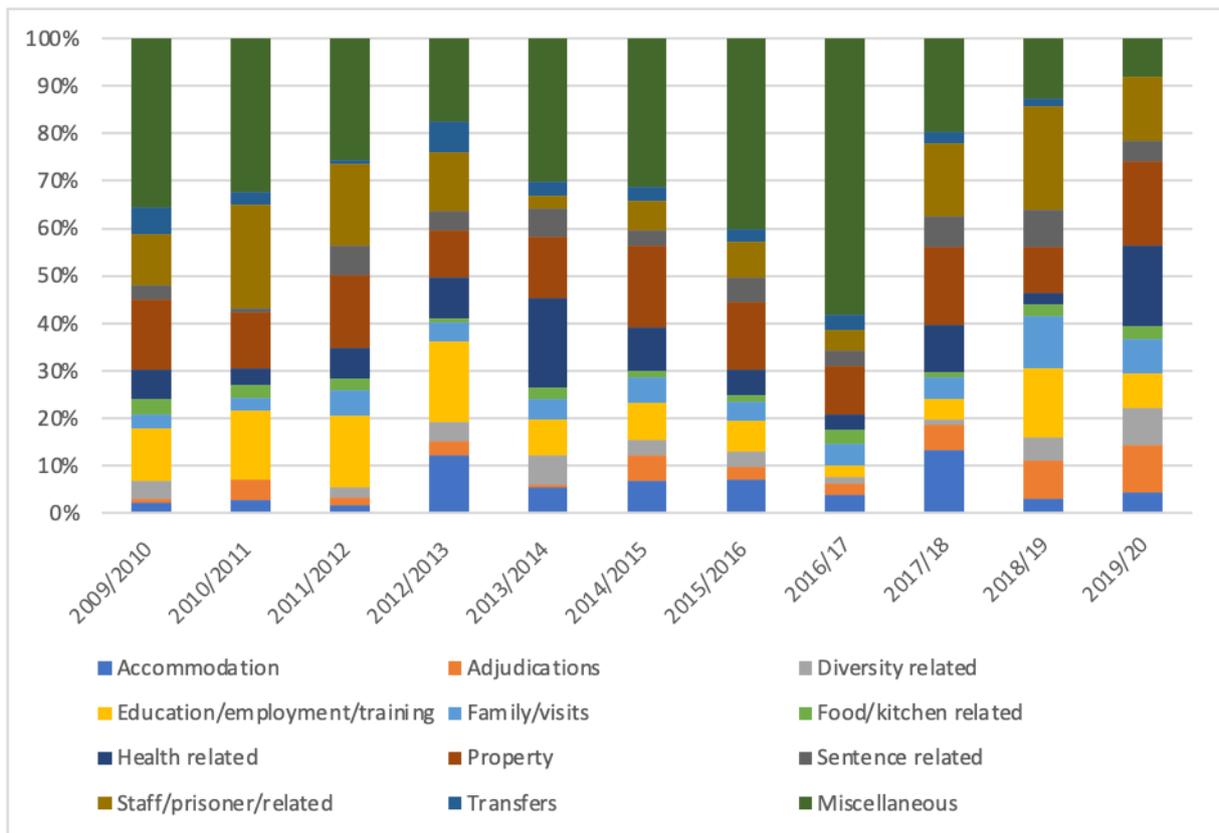


Figure 2: Trend analysis of applications received in the period 2009–2020



## OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications>

Any enquiries regarding this publication should be sent to us at [imb@justice.gov.uk](mailto:imb@justice.gov.uk).

IMB annual reports are published and available for all to access at [www.imb.org.uk](http://www.imb.org.uk)