



Annual Report of the Independent Monitoring Board at HMP Wakefield

**For reporting year
01 May 2020 – 30 April 2021**

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Introductory sections 1 - 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP Wakefield is a long-term high security prison for men typically in security categories A and B. It was originally built as a house of correction in 1594. In 1966, the prison was designated as a 'dispersal' prison following the recommendations of the 1966 Mountbatten Report into Prison Escapes and Security. Today, HMP Wakefield is one of 13 'long term high security estate' (LTHSE) establishments and a main lifer centre with a focus on men convicted of serious sex offences. The prison roll is circa 700 (as of April 2021) including approximately 150 category A and no more than 10 category A 'high-risk' prisoners. A comparison of the 2021 and 2020 population profile is shown in Table 1.

	April 2021	March 2020
Unsentenced	4	5
Over 4 years less than 10 years	21	17
10 years and over	343	380
Life	295	285
Total population	705	735
Number of Category A prisoners	154	160
Number of Category A prisoners remands/JR/awaiting extradition	0	0
Number of prisoners in healthcare	9	10
Number of high-risk prisoners	6	6
Number of prisoners in outside hospital	2	0

Table 1: Population profile at HMP Wakefield

Accommodation is spread across four wings in the main prison: 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.

The healthcare unit is housed in a separate building, providing a mix of single bed and multi-bed accommodation over three floors including a day-room, kitchen, servery, clinical rooms and staff offices.

The segregation unit (for Prison Rule 45/53) and the close supervision centre (CSC: Prison Rule 46), are in the wholly separate F wing. The CSC operates under a 'national co-ordinated management strategy' to provide a secure isolated location for those prisoners who are assessed as consistently and violently disruptive. In

addition, a small number of Prison Rule 46 'designated cells' are available in the segregation unit for prisoners who may be awaiting selection into the CSC system.

The main prisoner facilities comprise of wing kitchens, snooker and pool tables, a gymnasium, library, external exercise areas and an artificial grass sports field, a chapel, education spaces and a selection of workplaces including woodworking, mattress recycling and the DHL canteen distribution facility.

During the reporting period, the following services were supplied by external contractors:

- Healthcare services are provided by Practice Plus (Care UK)
- Education provision by Milton Keynes College
- Maintenance was delivered under contract to Amey
- Prisoner transport (for non-category A prisoners) was provided by GEOAmey.

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 01 May 2020 – 30 April 2021. In arriving at our judgments, we draw on an evidence base that includes evidence gathered through remote monitoring, attendance at 'bi-weekly' Prison Rule 45 review Boards, local management committees, prisoner representation bodies, and dealing with specific prisoner applications to the Board including those received under confidential access to the chairperson.

This report covers the period during which HMP Wakefield implemented the COVID-19: National Framework for Prison Regimes and Services; this required the Board to develop a new operating model in line with agreed procedures and practices for Board operations and local restrictions in force across the city of Wakefield and in the individual Board members' places of residence.

3.1.1 Remote monitoring

At the outset of the pandemic, the Board was strongly advised to review its position on face-to-face/direct monitoring. The decision as to whether to attend the establishment in person remains with the individual Board member, although this decision should seek to balance the benefits of in-person attendance with the possibility of transmission in the establishment. Individual Board members received advice that they should not feel obliged to directly monitor during the period covered by this annual report. Furthermore, the Board was asked to implement remote monitoring principles wherever possible, including:

- Receiving daily briefings and regime management plans/equivalent and updates through CJSM (secure email system)

- Receiving key statistics from the prison on a regular basis, including of prisoners segregated
- Monthly Board meetings by videoconference

And, where feasible:

- Attend meetings via conference call where they would otherwise attend in person
- Maintain regular contact with the healthcare unit by telephone and with the operational manager responsible

Remote monitoring principles	How the principles was observed
Receiving daily briefings and regime management plans/equivalent and updates through CJSM (secure email system)	The Governor (or his delegate) provided a copy of the daily Governor’s report to the Chair via CJSM
Receiving key statistics from the prison on a regular basis, including of prisoners segregated	SMARG, use of force and adjudication standardisation data reports were provided to the Board without exception and to an extremely high standard. Initial notification of segregation was made by telephone call to the individual Board member on duty as ‘first contact’
Monthly Board meetings by videoconference	Most Board meetings were arranged by videoconference. Three socially distanced meetings were held in the HMP Wakefield training building.
Attend meetings via conference call where they would otherwise attend in person	Teleconference was made available for the purposes of facilitating IMB attendance where appropriate, including Prison Rule 45 and 46 reviews. In numerous cases, in-person attendance by an individual Board member was deemed to be more appropriate.
Maintain regular contact with the healthcare unit by telephone and with the operational manager responsible	Two members of the Board were assigned responsibility for the healthcare function and maintained regular contact with staff throughout.

The Board confirms that the HMPPS operational guidance to Governors (3 April 2020), which sets out how establishments should support IMBs in remote monitoring, was implemented effectively at HMP Wakefield.

3.1.2 Segregation

The Board received guidance that it should maintain active monitoring of prisoners in segregation, if not by visits, then through telephone calls to F wing and information updates made available by the Governor. Board members were asked, where possible, to monitor **some** segregation reviews, preferably remotely by telephone, using conference calling.

On 8 April 2020 the Board issued the following statement in its quarterly report to the HMP Wakefield segregation monitoring and review group (SMARG):

COV-19 restrictions and 'remote' monitoring arrangements

The Board has arranged, in consultation with the Governor responsible for the Segregation Unit, to trial several measures to ensure that the monitoring outcomes can be achieved. Prison Rule 45 reviews will be attended by a member of the IMB (via phone-link) with pre- and post-review paperwork shared via the Ministry of Justice 'CJSM' system – this is cleared for all communications marked 'OFFICIAL-SENSITIVE'. Board members will sign the 'Authorisation for Continued Segregation' OT025 using one of either a) a digital signature or b) an email from the individual Board member's CJSM account indicating that they agree/disagree with the statement 'I am satisfied that procedures have been followed and the decision reached is reasonable'. In the case of prisoners who are being considered at their first 14-day review, then the Board members should be provided with a copy of FORM OT024 which indicates the name of the IMB member informed of the decision to segregate. The Board should also be notified of any prisoners held under Prison Rule 55 (1)(e) following adjudication.

The Board has nominated two members to take specific responsibility for R45/53 related monitoring work:

1. Mr. (name redacted) – weekly phone call to F-Wing office for updates on individual prisoners and health/safety arrangements necessitated by COVID-19.
2. Mr. (name redacted) – SMARG.

The United Nations has issued updated guidance on monitoring of prisons during the pandemic, this is attached for reference.

3.1.3 Applications to the Board, including COMP2 (confidential access to the Chairperson of the Board)

At the outset of the pandemic, the Board was able to continue to receive applications as normal, chiefly due to the availability and willingness of the Board's clerk to collect applications from the wings on a weekly basis.

The Board received 42 standard written applications and 113 oral applications via the 0800 (freephone) number during the reporting period (see Applications to the IMB).

The Board agreed to facilitate the implementation of the 0800 applications line' and appointed an individual Board member with the responsibility for liaison with the central co-ordinating function of the IMB Secretariat. We are grateful to her for volunteering to take on this additional responsibility and for covering shifts on the call-handlers pool.

It is the view of the Board that the availability of the '0800 applications line' should be time-limited at HMP Wakefield. In the case of one prisoner, it has led to unintended disbenefits including a propensity for him to make frequent calls. This has placed unacceptable burdens on the Board. Admittedly, the prisoner has prior history of making many written applications to the Board, but this had reduced substantially following careful work by individual Board members to encourage behaviour change.

3.2 Main judgements

How safe is the prison?

HMP Wakefield's own data indicates a 10% reduction in acts of violence. It is entirely plausible that this reduction occurred because prisoners have spent considerable periods of time in their own cells due to the implementation of the HMPPS COVID-19 National Framework for Prison Regimes and Services. There were some isolated incidents of prisoner-on-prisoner and prisoner-on-staff violence that were of sufficient severity to warrant a referral to West Yorkshire Police.

During the reporting period, routine cell searching (referred to as accommodation fabric checks (AFCs)) was suspended for Category B prisoners in favour of intelligence-led searches – we understand that this decision was taken in the context of minimising local transmission of Covid-19. Resumption of normal AFC routines was due to be reinstated at the time of publication of the report.

HMP Wakefield was classified as an outbreak site during the reporting period, chiefly due to the number of cases recorded in the establishment. On the 25 February 2021 we wrote to the Minister (under §6(3) Prison Act 1952 (c.52)) to raise our concerns that the Government had not prioritised vaccination of HM Prison Service staff and members of the IMB at HMP Wakefield. This was deeply concerning to us, particularly in the context of a high security dispersal prison with a segregation unit and close supervision centre (F Wing) where some of the most dangerous prisoners in the country are held in conditions that are not conducive to social distancing and characterised by poor ventilation in a highly constrained physical environment.

During our visit to the segregation unit on 23 February 2021, the consequences of the virus on staffing levels was brought into stark focus; most staff on duty were drafted in from other parts of the prison due to isolation/sick leave of F wing staff. Our conversations with staff on duty revealed feelings of exhaustion and worry in dealing with prisoners who, by virtue of their offending, are extremely volatile and sensitive to regime disruption. There is no doubt that it takes exceptional courage to work in this environment, yet the absence of a vaccination programme for this

specific group of public servants suggested to us that their work, and ours, was not valued, perhaps because it is practised behind closed doors and not in the public eye. Individual members of the Board made further written representations to their respective MPs.

How fairly and humanely are prisoners treated?

Throughout the reporting period, the prison has been either subject to level 3 or level 4 lockdown requirements of the HMPPS Covid-19 National Framework. From May 2020 to July 2020 the prison operated under level 4 lockdown measures. From July 2020 to January 2021 the prison was subject to level 3 but where there were localised outbreaks of Covid-19 on wings the regime in these areas followed the level 4 protocols. From January 2021 to the end of April 2021 the prison has remained at level 4. This has had an impact on the regime and the facilities available for prisoners. Prior to the pandemic, prisoners at Wakefield experienced a period of around 11 hours a day out of their cells. The lockdown measures have meant that there has been a period of one and a half hours a day for prisoners to be out of their cells to complete their domestic tasks. This was achieved by unlocking small cohorts of prisoners at a time.

In the early stages of the pandemic, we found evidence of staff actively seeking to mitigate the impact of prolonged cellular confinement through regular communication and the provision of in-cell activity. All prisoners on Level 1 (basic) of the incentives and earned privileges (IEP) scheme were automatically upgraded to Level 2 (standard) to permit issue of an in-cell television. Distraction packs featuring wordsearches, puzzles etc were issued to all prisoners yet some prisoners told us that the content did not provide sufficient mental stimulation.

Towards the end of the reporting period, where a return to some in-person monitoring commenced, we were able to glean perceptions of prisoners themselves. Most conversations led us to believe that prisoners understood that their individual circumstances reflected restrictions in the wider community, although many have struggled to manage their mental health during this time, leading to some extremely distressing examples of self-harm. Isolation, extreme boredom and the monotonous nature of the regime have left a lasting impact on many prisoners at Wakefield.

How well are prisoners' health and wellbeing needs met?

It is difficult to judge the true impact of the pandemic on prisoners' health and wellbeing given the restricted amount of time that Board members have spent in the prison. The Board remains concerned that the Governor's ability to influence healthcare service delivery in HMP Wakefield is significantly constrained by the outsourcing of healthcare provision to an external contractor. Prisoners are entitled to receive an equivalent level of care to that what might reasonably be expected in the community, but we do not believe that this is always the case at Wakefield. We

have observed situations where it appears to be that the contract, rather than the individual needs of prisoners, determines service delivery.

The prison does not have access to a consultant forensic psychiatrist. We believe that this is because the contract does not specify provision for one. This is not consistent with the provision at other LTHSE establishments, to the best of our knowledge. We therefore do not believe that the mental health needs of prisoners who require forensic psychiatry services are being met at Wakefield.

The consequences of poor mental health can be harrowing; in one incident, a prisoner was taken to outside hospital following an act of extreme self-harm – one that had a profound and traumatic impact on the prisoner and the staff who provided care in the aftermath. The prisoner was taken to outside hospital for treatment, but our understanding is that he was quickly returned to prison following treatment rather than being assessed for an immediate transfer to a secure hospital under Section 47 of the Mental Health Act. Information that we have received from the prison suggests to us that the prisoner's health needs may not have been met by the NHS. This matter is now subject of a formal complaint against the NHS Trust concerned, and we are monitoring the situation very closely.

How well are prisoners progressed towards successful resettlement?

Resettlement work is not a major emphasis of activity at HMP Wakefield. Most programmes are designed to address offending behaviour that is typical of long-duration life-sentence tariffs or fixed-term sentences. Therefore, the focus at HMP Wakefield is on 'settlement' rather than 'resettlement'. Nevertheless, the assessment and interventions (AIC) team work closely with other departments in the prison including the offender management unit (OMU) and probation to ensure that prisoners are given the appropriate support, advice and guidance to progress through their sentence in a constructive way. We are concerned by one isolated case, a prisoner on Rule 45 who may be released direct from the segregation unit of HMP Wakefield having completed more than 1500 consecutive days in segregated conditions. We have low confidence of a successful reintegration to the community.

3.3 Main areas for development

TO THE MINISTER

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

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

TO THE PRISON SERVICE

We ask HMPPS to clarify the role of HMP Wakefield in the 'Pathways to Progression' programme.

We ask HMPPS to clarify if the complaints procedure for healthcare provision at HMP Wakefield is audited in line with standard complaints made under the COMP1/2 procedures.

We urge HMPPS to explore the possibility of implementing a nationally available set of legal resources for prisoners, including easy access to Prison Service Orders and Instructions.

We ask HMPPS to clarify progress on the integration of the SystmOne project led by the Ministry of Justice's digital team.

TO THE GOVERNOR

We ask the Governor of HMP Wakefield to clarify if (or when) in-cell telephony will become available to prisoners.

The House of Commons Justice Committee published its Fourth Report of Session 2019-21 on '*Coronavirus (Covid-19): The impact on prisons*' (HC 299) on 27 July 2020. The report states '*we are not clear as to why there is such wide variance across the estate in type of regime and time out of cell. We agree with the Independent Monitoring Board and recommend that the Ministry of Justice set out clear expectations of the minimum time out of cell and activity to be provided at each phase of recovery. This is not currently clearly set out in the COVID-19: National Framework for Prisons and Services*'. We ask the Governor of HMP Wakefield to clarify the target minimum time out of cell for the next reporting period.

3.4 Progress since last report

The Board continues to receive excellent resources in the form of a competent and experienced clerk, two HMPPS quantum-linked information technology terminals, a printer, document scanner and access to the prison national offender management information system (P-NOMIS).

Some members of the Board access the new HMPPS digital prison services 'core' and report on a positive experience. However, we note that the prisoner's index offence is highly visible on the opening page, whereas this is not the case with the legacy P-NOMIS system. We would prefer this to not be the case.

In April 2021, an operational support grade (OSG) staff member retired from HMPPS. It is believed that she was at the time, the longest serving member of staff in the prison service.

Evidence sections 4 – 7

4. Safety

HMP Wakefield is unique in that it continues to provide a fully integrated regime and no separate provision for prisoners who might otherwise be managed separately by virtue of their offence or vulnerability whilst in custody. Careful balancing of competing risks is required to ensure that a decent and humane environment prevails. In recent times, the population profile has changed somewhat, thus placing greater emphasis on the need for good risk management by the prison management team.

Any changes to the population profile of those convicted of sexual offences and other prisoners creates concerns for overall safety. The care and welfare of an increasingly elderly population and the associated health and mobility challenges are concerning to the Board and will continue to be monitored.

This section draws on prima facie evidence gathered from the data and information provided by the safer custody team.

Due to Covid-19 pandemic conditions it has not been possible to access a balancing perspective from individual prisoners, however applications submitted by individual prisoners have not highlighted significant concerns.

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

4.1 Reception and induction

The number of new arrivals into the establishment remains comparatively few due to the Covid-19 pandemic. The use of a reverse cohort unit to isolate new arrivals has been managed satisfactorily. 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 increased from 364 to 437. Within this figure, the number of individual people self-harming has also increased from 158 to 168 and points to an increase in self-harming by specific prisoners who present with complex and difficult behaviours. HMP Wakefield's own data indicates that one specific prisoner accounted for around 23% of all self-harm incidents.

The quantity of ACCT documents opened has marginally reduced from 232 (214 individuals) to 229 concerning 195 individuals. Without in-cell telephones, access to the Samaritans is only available using the telephones located on each wing landing.

The Board is concerned about the number and severity of serious self-harm incidents which appear to be linked to poor mental health. There were three cases which required constant clinical supervision, including one case where a prisoner removed one of his eyes and irreparably damaged the other. All three prisoners were assessed for secure mental health facilities and two were accepted. Only one has transferred. **The length of time taken to process these referrals is completely unacceptable.** We are aware of specific concerns and an ongoing complaint by HMP Wakefield in relation to the aftercare arrangements for one prisoner who received treatment at the Mid-Yorkshire Hospitals NHS Trust; we continue to monitor this situation very closely.

HMP Wakefield 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.

There were 14 deaths within this reporting period. This is a higher number than the previous year where eight cases were recorded. Most deaths were due to natural causes and consistent with an aged population serving long sentences. The exceptions were one person who had Covid-19 symptoms and two people where death was 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 HMP Wakefield's death in custody algorithm for the use of restraints (which is used in line with the *Graham* judgment) continues to enable staff to conduct risk assessments for 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 from 113 in 2019/20 to 101. This figure is made up of 57 recorded assaults made on the staff, 18 assaults upon prisoners and 26 prisoner fights. All attacks on staff and prisoners continue to be well documented within the prison. These figures possibly reflect the more restrictive measures and limited time out of cell due to the Covid-19 pandemic.

The Board is concerned with the number of staff assaults which have occurred in the segregation unit. Our concern is also the mental health issues of prisoners in segregation. The length of time for mental health issues and assessments to be processed is leading to deterioration in prisoner behaviour and wellbeing.

Towards the end of the reporting period, a CSC prisoner attacked officers during the unlock with a pair of scissors. The prisoner was immediately transferred to another establishment, and an investigation is underway. The Board will monitor the progress of the investigation and encourage HMPPS to ensure that protocols surrounding the issue of in possession items to CSC prisoners are re-examined and strengthened where necessary.

The CSIP violence reduction scheme has continued with limited impact as delivering intervention plans with meaningful targets has not been possible due to Covid-19 restrictions and staffing levels.

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

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

4.4 Use of force

The use of force data provided by the establishment is very comprehensive and all 192 incidents involving use of force have been reviewed by the Deputy Governor.

There were 23 planned interventions and 169 unplanned interventions. Ratchet cuffs were used on 52 occasions. Batons were drawn nine times and not used on four occasions. PAVA was drawn five times and deployed twice (once by the national team).

It is intended to examine the number of occasions that use of force is utilised and recorded when attempting to prevent acts of self-harm. This will be monitored in our next report.

4.5 Substance misuse

Over the last year it has been again reported that illicit drug taking by prisoners has remained largely constant throughout this period. This mainly consists of the inappropriate usage of prescribed medicines and substance misuse. This continues to be under constant monitoring and review and is being taken seriously by the establishment who incorporate routine random prisoner testing by the drug management team (DMT).

Summary

Safety intervention meetings have continued during Covid-19 and the Board acknowledges the work done by HMP Wakefield in dealing with complex cases such as prisoners under constant supervision, segregated prisoners on ACCTs and prisoners affected by delays in accessing mental health support.

The Board has witnessed individuals with serious mental health issues and the frustration of staff in dealing with this in a timely and supportive manner.

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

Although in-cell telephones are not yet available to the general population, there are Samaritans phones available via fixed lines and Digital Enhanced Cordless Technology (DECT) phones. This is linked to the prison visitors scheme that is available to all prisoners.

5. Fair and humane treatment

5.1 Accommodation, clothing and food

Prisoners at Wakefield are housed in single-occupancy cells with integrated sanitation. Their privacy is further enhanced by the provision of privacy screens on request. Prisoners are supplied with a bedding pack on arrival, which provides three sets of all indoor clothing items together with blankets, sheets, and pillows. Additionally, prisoners can receive their own clothing after a period of quarantine. Cells are adequately furnished and maintained on a rolling programme. The prison has been kept clean by the team of wing cleaners and by BICS (British Institute of Cleaning Science qualified) cleaners when necessary.

On occasion, prisoners complain of being too hot, while others are cold. This is primarily due to the absence of a thermostatically controlled system. The heating is either on or it is off.

For prisoners who face mobility problems, the accommodation is not ideal. There is a passenger lift system on both B and C wings. The lift on C wing requires repair and has been in this condition for some considerable time. C wing prisoners with mobility issues are either located on landing 2 (where they can access the range of prison facilities), housed in healthcare or on B wing where the lift is operational.

There is no in-cell telephony at Wakefield. One prisoner commented to the IMB, "I feel like I'm going backwards in time". In one case, a prisoner refused to locate from the segregation unit (following a 'seg-to-seg' transfer) because he was concerned that he would not have regular access to a phone. The Board made representations to the population management unit (PMU) in the LTHSE to explore options to find suitable accommodation elsewhere and enable the prisoner to maintain essential family contact. According to our Segregation Monitoring and Review Group (SMARG) report in April 2021, this prisoner had spent 474 days on Prison Rule 45,

despite no recent evidence of refractory behaviour or safety concerns that may preclude normal location.

The kitchen has coped well with the challenges of the pandemic. For example, staff from the workshops were redeployed to the kitchen when the normal workforce was unavailable. The kitchen has managed to cater for the range of dietary needs of all prisoners including religious, allergenic, or medical requirements. Furthermore, apart from a period of around eight weeks in March and April 2021 where the menu was slightly reduced, the kitchen has been able to provide a normal service. Most complaints the kitchen receives focus on prisoners' personal preferences. The kitchen acts swiftly to respond to any complaints. If there are issues that can be improved, they ensure that this is done. For example, during Ramadan the special heated boxes were initially delivered to the prisoners too far in advance so that when it was time to eat some heat integrity had been lost. The kitchen then implemented a method whereby these could be delivered later so the food could be eaten at the correct temperature. Some prisoners take the time to provide positive comments to the kitchen. During the pandemic those prisoners with mobility challenges have been provided with their own kettles. Additional water boilers were provided so that prisoners could keep their flasks replenished. Prisoners have also received comfort packs for six days a week containing items such as hot chocolate, crisps, and chocolate.

A new DHL 'distribution facility' has been introduced this year. Wakefield now makes up and supplies canteen orders and with extremely careful safety measures in place this workplace has remained opened to supply canteen items for prisoners across the country.

5.2 Segregation, special accommodation

The segregation unit (F wing) continues to present its own unique challenges and we will continue to monitor the long-term effects of prolonged stays on the unit. There are urgent concerns regarding the time taken to address the mental health issues of certain individuals and those who have spent an extraordinary amount of time within segregation. The Board acknowledges the positive steps taken to progress prisoners into the normal population whenever possible and understands the complexities and challenges those certain individual prisoners may present.

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

In our 2019/20 annual report we highlighted one prisoner who had spent a considerable amount of time on Prison Rule 45. That same prisoner remained in segregated conditions at the time of writing; our April 2021 report to SMARG indicates that he had served a total of 1307 days on Prison Rule 45 and is serving an IPP sentence.

5.3 Staff/prisoner relationships

Generally, the relationships between the staff and the prisoners are good. This is evidenced by a calm atmosphere with most staff knowing the prisoners well, and therefore able to communicate effectively. During lockdown the key worker scheme has been reduced to a very basic level of engagement. However, there has been a priority group of around 120 men who have continued to receive weekly key worker sessions of up to forty-five minutes. These men were identified as vulnerable and include prisoners on an open ACCT, prisoners who have the potential to self-harm, prisoners who have mental health issues or are seen regularly by the mental health team and those prisoners with learning difficulties or disabilities or who fall within the autistic spectrum. Additionally, all Terrorism Act (TACT) prisoners were in scope. HMP Wakefield staff carried out and recorded short daily welfare checks on all prisoners and this information is usually recorded on the C-NOMIS system.

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

The prisoner forums were halted due to Covid-19 and a great deal of feedback from wing-based prisoners was not available. The Board feels that it is very important to maintain meetings and contact with prisoners to promote safeguarding and these need to be reinstated as soon as practicable.

5.4 Equality and diversity

The prison has identified some disproportional outcomes for prisoners of Pakistani heritage, particularly around adjudications and use of force. This has been investigated from many angles (e.g., age/experience/gender of staff, index offence, prisoner's age, prisoner's ethnicity, charge laid) and there are no notable trends or patterns identified. The prison has held prisoner forums to explore their perceptions of equalities. The results of these have been useful for the prison for the future across a range of issues. One example at a forum held in February 2021 was prisoners' feelings about how the prison was decorated at Christmas time but not at other faiths' festival times. Going forward, plans have been identified to address this. Prisoners wish to be involved in making items either in workshops or in education sessions that will be used to celebrate festivals. These forum groups have been deemed as successful and will continue, with the range of subjects and questions being broadened out.

The relationships and discussion between staff and prisoners is a positive feature of the prisoner forums and enables the prison community.

A challenge that the prison has faced has related to transgender prisoners. It has proved difficult for the prison to obtain or source appropriate gender-affirming products for this group, especially in respect of make-up and clothing. This is an area of work which is constantly growing and evolving, to ensure that the needs of all prisoners are met.

Another issue facing the prison is how to effectively make reasonable adjustments for those prisoners identified as being on the autism spectrum. Several of these prisoners need special adjustments or additional resources to enable them to have equal access to the regime. The staff have consulted with external agencies (e.g. external social care) and the lead for autism accreditation at HMPYOI Feltham, in an attempt to clarify how best to support these prisoners. This work is ongoing as some of the issues facing prisoners at HMP Wakefield have not been encountered at other establishments and there does not appear to be a central resource the prison can rely on to help them to support these prisoners.

5.5 Faith and pastoral support

Prisoners tell us that they are well-served by the chaplaincy.

For much of the time during the reporting period the coming together of faith groups has not been possible. This has presented challenges to the faith and pastoral support team in meeting the needs of the prisoners. Communication difficulties have been exacerbated by the fact that at HMP Wakefield there is no access to prison radio, in-cell telephony or Wayout TV, which are resources widely used as communication tools in other prisons.

The prisoners have a positive view of the chaplaincy team. The prison's offender management unit (OMU) carried out a survey of prisoners when looking into key worker priorities and the results showed that there was a good level of satisfaction with the faith and pastoral support offered by the team. All prisoners have had the opportunity to be visited by the faith and pastoral team at least once a week. The team prioritised a large group of prisoners (565 men) who required additional support and they have received extra visits, a small number of prisoners being visited daily.

The faith and pastoral team have been creative in meeting their statutory requirements of providing one hour worship and one hour study periods on a weekly basis. For the main faith groups represented by a prison chaplain (e.g. Christian, Muslim and Jewish prisoners), the team has devised its own materials and tailored these to meet the needs of individual prisoners. These materials have been personally delivered to the prisoners at their cells. For those groups without a prison chaplain (e.g. Jehovah's Witnesses, Sikhs and Hindus) the team has used materials provided by the Prison Service's chaplaincy headquarters. Additionally, the faith and pastoral team has reached out to other external agencies to support their work. An example would be the collaboration between the team and the Junction 42 organisation. They have supplied distraction and mindfulness activities for the prisoners distributed by the faith and pastoral team. These include religious activities, puzzles and craft tasks such as making a picture frame.

Considering the impact of Covid-19 restrictions, the faith and pastoral team has consulted with the prisoners about how they would like to celebrate religious festivals. A plan has been drawn up based on the results of this survey, which has also highlighted some concerns amongst prisoners regarding fairness in how different faiths are celebrated. During December the prison was under Stage 3 lockdown. This provided some opportunities for prisoners to celebrate Christmas. Evening events were held to which all faiths were invited. These were carried out on a wing-by-wing basis. The events were culturally reflective rather than in the form of

a traditional religious service and included sharing of food and participation in quizzes. The prisoners have said that this is a model they would like to adopt going forward.

The chaplaincy has endeavoured to work in concert with other areas of the prison to bring about the best provision for the prisoners, for example, when trying to determine the best bereavement support for prisoners with mental health or personality disorder issues. This has proved challenging, especially considering the pandemic, and remains an aspiration for the chaplaincy.

The faith and pastoral team offer a bereavement support programme normally lasting six to eight weeks. Bereavement support can be an extremely complex issue for some prisoners. The age profile of the prisoners at HMP Wakefield means that many men have had to deal with bereavement. Additionally, their bereavement can be characterised by trauma including that of their own offending. The chaplaincy has looked at the skills of their team members and recognised that they need to further build their capacity. Going forward they are identifying training opportunities and a toolkit of resources to further support this work.

5.6 Incentives and earned privileges

The prison has responded to the pandemic by relaxing the requirements of the IEP system. All prisoners, whether basic, standard, or enhanced, have been allowed televisions and approved electronic game consoles if they possess these. The prison's management have made it clear to staff that any decision either to keep a prisoner on or move a prisoner to basic had to be considered as exceptional and must be recorded as a defensible decision in the records. During the reporting period there were instances where defensible decisions were made. These were all exclusively for either destruction of property or assaults on staff.

5.7 Complaints

The number of complaints the prison received over the reporting period was broadly similar to the previous year (see Table 1). An extremely high percentage of complaints are dealt with within the allocated time. However, in January and February 2021 the staff team which deals with complaints was adversely impacted by Covid-19. The figures reflect that during times of adequate staffing the prison deals efficiently with complaints and the Board is grateful to them for this consistent effort.

	Total	On Time	Number Late	Percentage Late
May 2020	209 (426)	209	0	0%
June 2020	249 (424)	246	3	2%
July 2020	409 (418)	408	1	0.4%
August 2020	404 (410)	400	4	2%
September 2020	410 (334)	410	0	0%
October 2020	435 (324)	435	0	0%
November 2020	346 (332)	346	0	0%
December 2020	306 (248)	305	1	0.4%
January 2021	374 (379)	317	57	16%
February 2021	332 (304)	323	9	3%
March 2021	330 (338)	330	0	0%
April 2021	323 (211)	322	1	0.4%
Total	4127 (4148)	4061	66	

(Last year's 2019-2020 total figures for comparison in brackets)

Table 1: Analysis of complaints made by prisoners at HMP Wakefield

The number and nature of complaints received by the prison during the reporting period is shown in Fig 1.

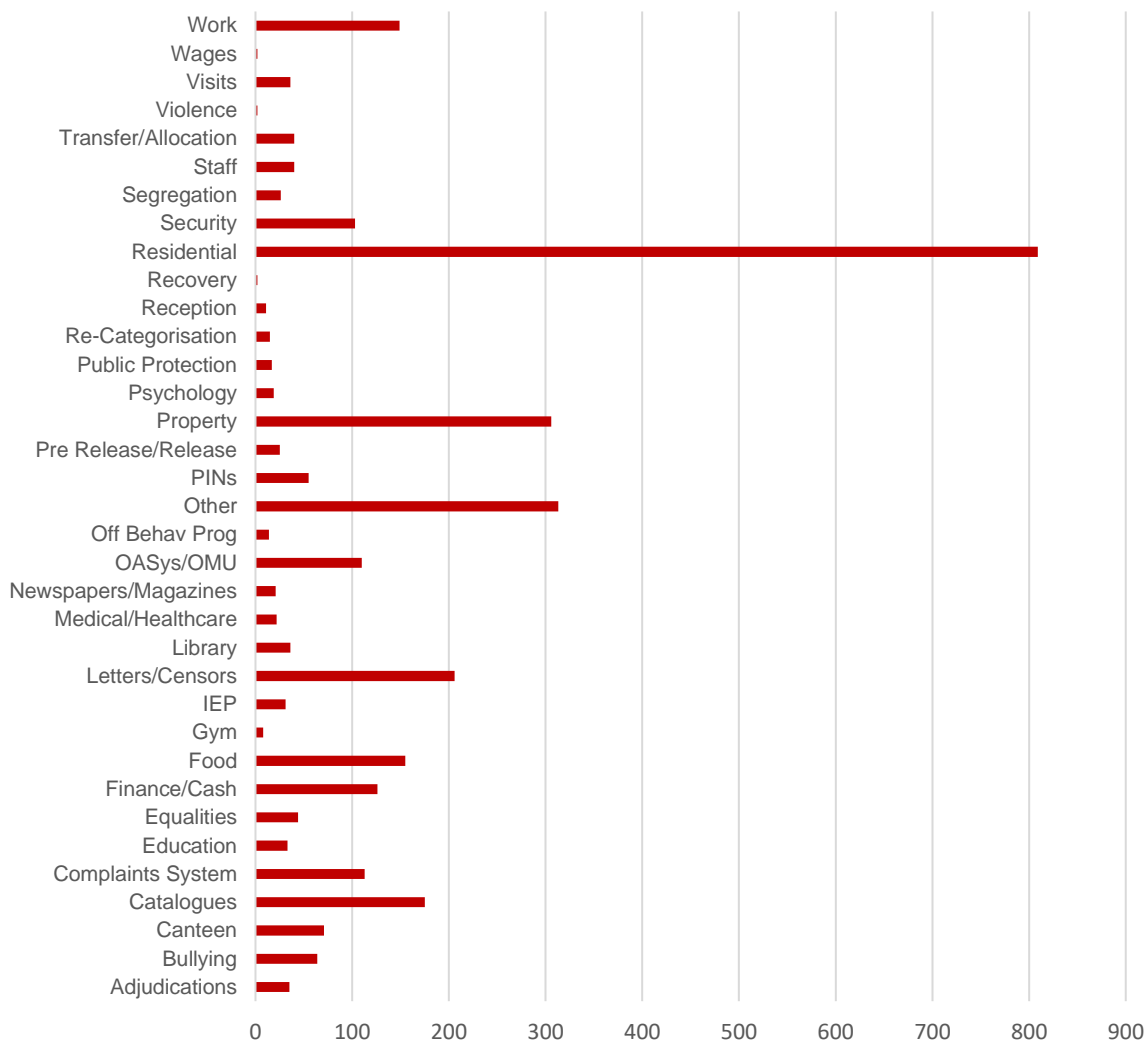


Fig 1: Analysis of complaints by category

5.8 Property

Issues regarding prisoners' property remains a recurring problem. It is a cause of frustration for prisoners. Not only do clothing and footwear go missing in the system, but items of sentimental value are also lost.

This year the prison received 306 complaints about property and the IMB have received seven applications.

Often the rules about prisoners' property varies between establishments, which further contributes to grievances. The Board would welcome more clarity and consistency across the prison estate to address this lack of standardisation.

6. Health and wellbeing

6.1 Healthcare: general

Healthcare services are provided by Practice Plus Group (PPG) formerly known as Care UK. PPG is responsible for in-patient and primary care, integrated mental health, recovery & inclusion, and pharmacy services. Social care is provided in partnership with Wakefield Council. Dental, physiotherapy, podiatry, and optician services are subcontracted to other agencies. PPG support secondary care pathways through visiting consultants and have secured a contract for an MRI scanner to visit the prison site.

The healthcare forum was suspended for most of the reporting year due to Covid-19, but the deputy head of healthcare has continued to write to forum members. Every first ACCT review is attended by a member of the mental health team, and they attend subsequent reviews where there is a clinical need.

Mental health staff are required to attend segregation and CSC reviews. The head of healthcare has put in place a new process as their attendance was occasionally variable and the Board is satisfied that this issue is now fully resolved.

The head of healthcare reports, and the Board has observed, that partnership relationships with prison staff are overall positive and productive. Healthcare staff have overall felt supported by wing staff to carry out increased duties on the wings to respond to the Covid-19 outbreak.

PPG use the term “concerns” for complaints/applications.

PPG have their own complaints system which is quite different from the prison complaints system, and which does not account for prisoners who submit duplicate complaints or applications. The Board therefore believes that the number of actual concerns is smaller than the number of complaints recorded (see Fig. 2).

Applications to the IMB where healthcare was the main subject during the same reporting period consisted of nine paper applications and an additional 56 via the IMB 0800 helpline. One prisoner was determined to be abusing the system, so by removing his applications, the number reduced to 15, making an adjusted total of 24.

In the previous reporting year, which was before the introduction of the IMB helpline, 19 applications regarding healthcare were received.

Prisoners attest to, and the Board observes, in-patient care being carried out very well despite the constraints of the building. During the early stages of the pandemic, the lower floor of this building was utilised as a reverse cohort unit (RCU) housing new receptions and prisoners returning from outside hospital. This put more strain on in-patient staff as they had to deal with new prisoner vetting and clinical needs on the RCU, which involved changing into full PPE.

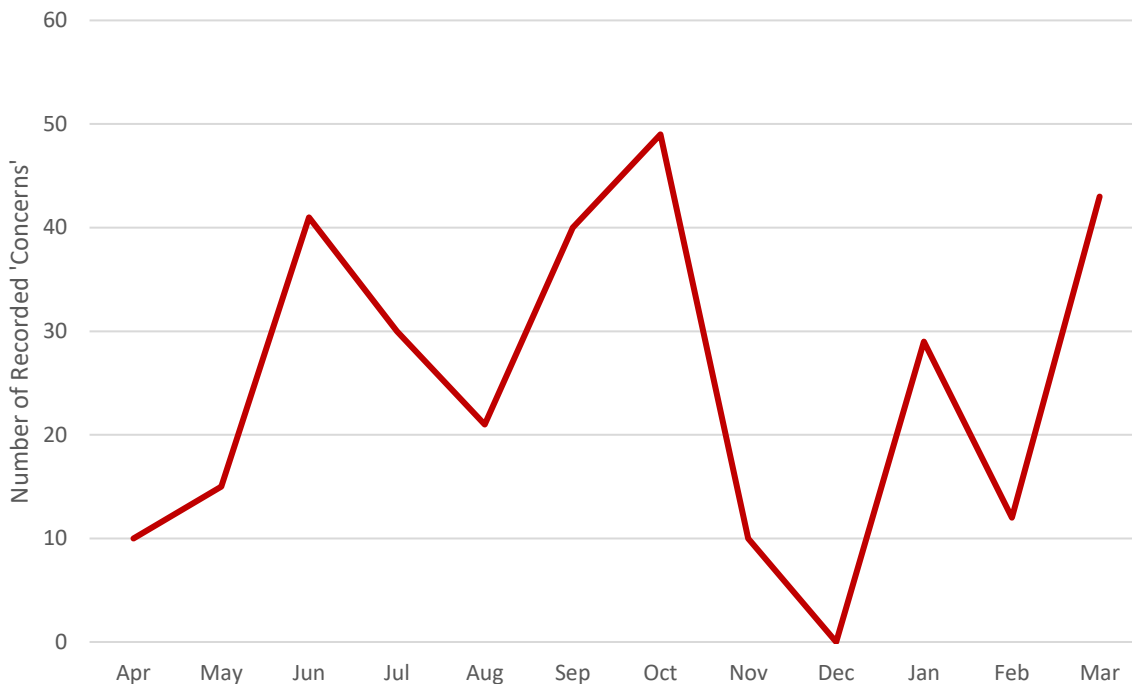


Fig 2: Recorded 'concerns' by month, April 2020-March 2021 (Source: PPG)

The in-patient unit saw a significant change in the complexity of care provision needed due to the Covid-19 outbreak, such as oxygen therapy and physiotherapy, so putting more responsibility onto the healthcare staff.

The RCU placement also meant that on rare occasions prisoners had to share accommodation due to lack of space on the upper floor.

There is a well-equipped end of life care suite. The Board is concerned about the length of time that this suite is made unavailable for use due to the long delay of its being put back into use following expected deaths in custody where prisoners were on the end-of-life care pathway. These delays, often as long as three to four weeks, can mean that extremely ill men are being looked after and can die in inappropriate surroundings.

On one occasion a prisoner was in the same cell as a deceased man for several hours waiting for death to be certified so that the body could be released. It should be noted that this shared cell is much larger than a standard one.

Coronavirus immunisations have been administered to prisoners in alignment with Government guidelines.

During the reporting period 180 prisoners, 218 prison staff and 18 healthcare staff tested positive for Covid-19.

The Board jointly and severally wrote to members of parliament to request that prison officers should be seen as a special case for early immunisation. The request was refused.

6.2 Physical healthcare

Staffing has been a huge challenge throughout the year. Staff have been lost due to promotion and retirement and some moved back to community work. Recruitment is slowed by the CTC clearance process, meaning that a vacancy can be open, waiting for the new applicant to start work for three to four months.

Some Registered Nurses (RN's) have mentioned to Board members that they perceive low staffing levels to be a cause of individual frustration and stress.

The service is modernising to become a GP led and nurse delivered service. There are now four advanced nurse practitioners in post who can do most things a GP can. This means GPs only see more complex cases and brings the service in line with community models in the general population.

There are six GP sessions (half days) per week. In addition, a specialist "frailty" GP attends one day per month, initially concentrating on falls. A respiratory consultant attends one day per week who is also looking into 'dying well in custody'.

Pharmacy services are provided by PPG for medicine administration on the wings. A clinical pharmacist has recently qualified as a prescriber.

There is a lack of cells suitable for disabled prisoners or wheelchair users at HMP Wakefield. There are only four such cells and all are located on B wing. This lack leads to cell blocking on the in-patient unit by disabled prisoners who do not need any medical care.

B wing is the only one with a working lift. The lift on C wing has been out of commission for several years so wheelchair users on C wing are only able to access the 2's landing.

6.3 Mental healthcare

The mental health clinical lead post has been vacant throughout the reporting year. The appointee will begin work in June 2021. During this period, the mental health team have been given support by a PPG regional mental health lead and the head of healthcare.

The mental health team have experienced a difficult and challenging year, particularly in terms of service delivery in a 'covid-secure' way. There is a belief amongst some healthcare staff that prisoner misconceptions (of their role) have created additional challenges, for example those who need listening or counselling services rather than a clinical pathway delivered by a mental health care professional.

The prison psychology team are directly appointed and employed by HMPPS and not by PPG. The Board is aware of ongoing recruitment challenges; we are aware of seven existing vacancies for registered psychologists at the time of writing. Worryingly, the prison does not have consultant forensic psychiatrist input despite clear evidence that it is required.

Physical health, mental health and psychology leadership teams have a good working relationship within HMP Wakefield. They are working collaboratively on

identifying where there may be service specification gaps resulting in patient needs not being met.

The outcome of this work will be escalated to NHS England and PPG (if necessary) to discuss any change in patient need since the service was first commissioned. At present PPG is delivering all commissioned services throughout the prison.

The Board is particularly worried about the level of clinical psychiatry offered at HMP Wakefield, and questions if the existing consultant psychiatrist provision (one day per week) is sufficient to deal with the needs of the prison.

6.4 Social care

Social care provision has been quite disjointed over the reporting year with prisoners waiting a long time for necessary equipment. For example, a prisoner who had a stroke and subsequently needed a wheelchair was measured and funding agreed for a suitable one in December 2020 but is still waiting at the time of this report.

It is hoped that this situation will improve as in March 2021 Wakefield council appointed a dedicated head of social care for prisons to serve HMP Wakefield and nearby HMP New Hall.

The Board will continue to monitor this area.

6.5 Exercise, time out of cell

Time out of cell during the reporting year has varied according to government guidelines and local outbreaks and in the main has been extremely limited due to the designation of the prison as an 'outbreak site'

The gymnasium has remained closed throughout the reporting period, reflecting government decisions in the wider community. Nevertheless, all prisoners are afforded the opportunity to take outside daily exercise sessions save for inclement weather days.

Distraction packs have been offered to all prisoners containing puzzles and written articles to help pass their time purposefully.

6.6 Drug rehabilitation

The recovery and inclusion team provided by Midlands Partnership Foundation Trust has done exceptional work with the nine HMP Wakefield patients on a recovery programme during the pandemic and kept them engaged and focused despite the enforced lack of group work.

6.7 Soft skills

Prisoners were provided with distraction packs, exercise sheets to encourage in-cell exercise and there were limited deliveries of library books and DVDs.

Workshops were closed so only kitchen staff and cleaners continued to work.

Chaplaincy staff are to be commended as they have continued to visit prisoners throughout the pandemic to offer support when needed.

7. Progression and resettlement

7.1 Education, library

Education provision within the dedicated educational spaces at HMP Wakefield was suspended during the reporting period. Prisoners were able to continue to receive educational materials for the purposes of 'in-cell education' but it is obvious that the benefits that occur in a group learning environment were lost.

Library services are provided by the City of Wakefield Metropolitan District Council (WMDC). The library is run by WMDC staff, supported by prisoners. It is stocked with a range of books and 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. We restate our comments in the 2019/20 annual report – we urge HMPPS to explore the possibility of implementing a nationally available set of legal resources for prisoners including easy access to Prison Service Orders and Instructions. We believe this is important in delivering procedural justice in the prison. During the pandemic, prisoners were not allowed to attend the library in person but were provided with an opportunity to request books or select from a trolley located on each wing.

7.2 Vocational training, work

There was no substantive vocational training or work available to prisoners during the reporting period.

The Biochemical Industrial Cleaners (BICs) workshop has also remained open throughout the reporting period. However, many of the usual facilities have been closed due to the pandemic but the prison has tried hard in a safe way to ameliorate closures or reductions in services.

7.3 Offender management, progression

We continue to commend the assessment and interventions centre (AIC) in respect of the breadth and depth of its interventions programme, despite insufficient resources available to undertake this important work.

We continue to commend the AIC on the quality of information and insight that it provides to the Prison Rule 45 review Boards.

7.4 Family contact

In person social visits were suspended during the reporting period. This was replaced by 'Purple Visits' video calling. This scheme continues to be available to all prisoners whether they receive visits from family members or friends.

Additionally, families were able to access other forms of contact including phone calls, and 'email a prisoner' (costs 40p per email). Family contact continues to be supported by Partners of Prisoners (POPs). Our main concerns remain 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 appears to be no progress to deliver this into HMP Wakefield.

8. The work of the IMB

There are currently 10 members of the Board: one is on sabbatical and two are progressing through their probationary period. The impacts of the pandemic were particularly acute for probationary members who have not experienced the necessary time within the establishment to build confidence and skills.

Inevitably, the pandemic has disturbed the Board's monitoring routines. At least four members of the Board were in the high-risk group (one member was shielding) and all members were advised not to attend the prison in person during the initial phases of the pandemic. The overriding principle of our approach to monitoring is '*do no harm*' and we therefore resolved to take all steps necessary to minimise the possibility of local transmission within the establishment.

The Board operated a modified rota with designated members assigned to residential units for the purposes of making fortnightly calls to the supervising officer (SO) on duty. Segregation reviews have been carried out mostly by telephone but latterly in person with social distancing practiced.

Board meetings were carried out using Zoom.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	10*
Number of Board members at the end of the reporting period	10*
Total number of visits to the establishment	123
Total number of segregation reviews attended in person	4
Total number of segregation reviews attended by teleconference	15

*one member on sabbatical

Applications to the IMB

Code	Subject	Previous reporting year - Combined	Current reporting year - Written	Current reporting year - 0800 Telephone
A	Accommodation, including laundry, clothing, ablutions	5	2	2
B	Discipline, including adjudications, IEP, sanctions	11	1	6
C	Equality	9	2	3
D	Purposeful activity, including education, work, training, library, regime, time out of cell	8	0	2
E1	Letters, visits, telephones, public protection restrictions	4	4	5
E2	Finance, including pay, private monies, spends	4	0	2
F	Food and kitchens	3	3	0
G	Health, including physical, mental, social care	19	9	56
H1	Property within this establishment	8	2	13
H2	Property during transfer or in another establishment or location	8	0	5
H3	Canteen, facility list, catalogue(s)	4	0	1
I	Sentence management, including HDC, release on temporary licence, parole, release dates, re-categorisation	5	2	0
J	Staff/prisoner concerns, including bullying	15	12	0
K	Transfers	0	3	14
L	Miscellaneous, including complaints system	9	2	4
	Total number of applications	112	42 (155)	113

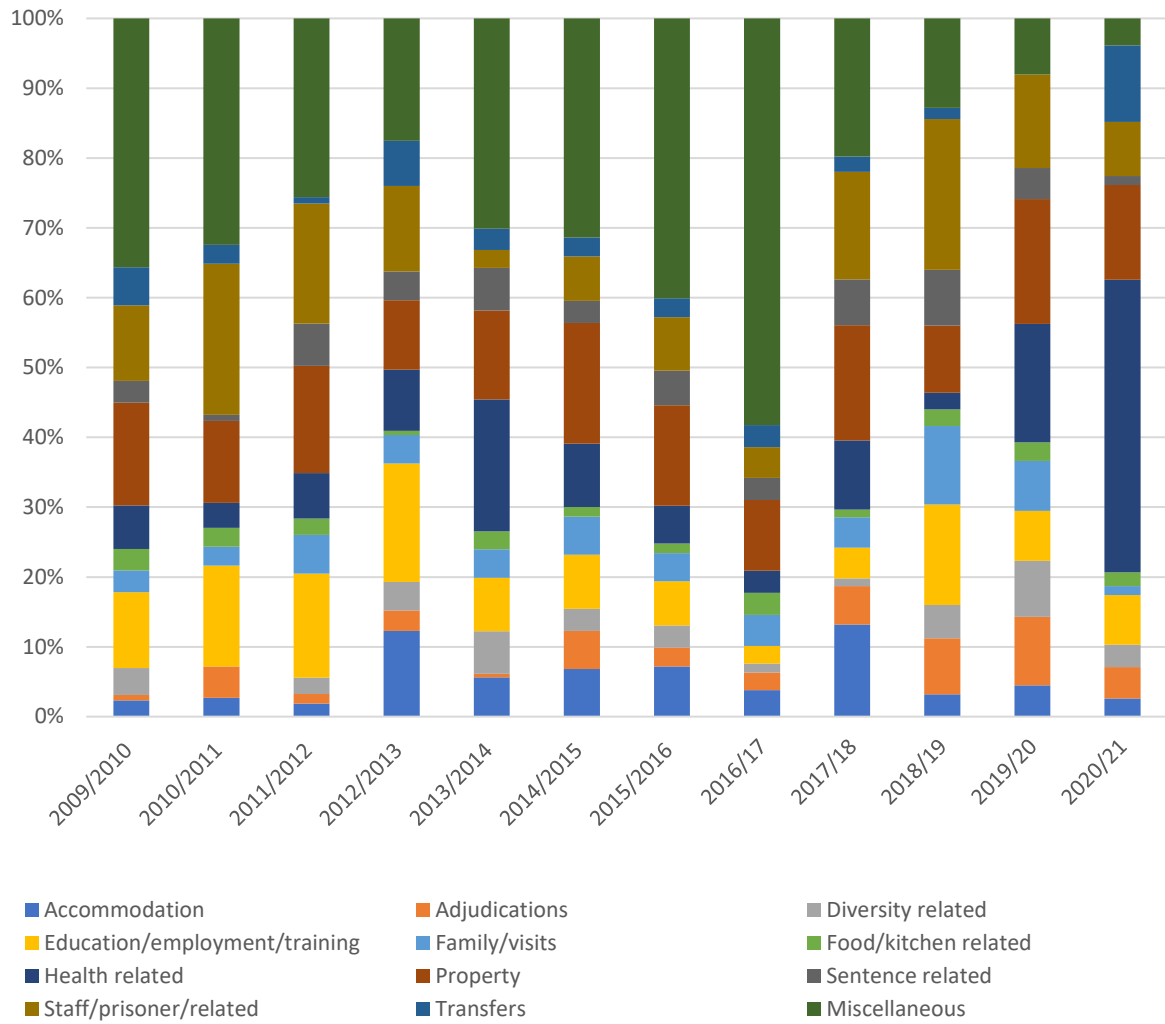


Fig 3: Trend analysis of applications received by the Board 2009-2021



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