

Action Plan: HMP Wakefield

Action Plan Submitted 4 February 2019

A Response to the HMIP Inspection 11, 12 & 18 – 22 June 2018

Report Published 1 November 2018

INTRODUCTION

HM Inspectorate of Prisons (HMIP) is an independent inspectorate which provide scrutiny of the conditions for and treatment of prisoners. They report their findings for prisons and Young Offender Institutions across England and Wales to Ministry of Justice (MOJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MOJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment		
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Spec Measureable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.		
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There mus t be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.		
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.		

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP WAKEFIELD

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Main recommendations to the Prisons Minister				
5.1	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	Agreed	Ensuring effective action is taken to complete transfers to hospital under the Mental Health Act (MHA) is dependent on collaborative efforts between the Ministry of Justice (MoJ), HM Prisons and Probation Service (HMPPS), the Department of Health and Social Care (DHSC) and NHS England. The Secretary of State (MoJ) has power under the Mental Health Act 1983 to transfer serving prisoners or those on remand to secure hospital where he is satisfied, by reports of at least two medical practitioners, that it is necessary. However, the appropriate referral, the two medical recommendations and the availability of secure beds are the responsibility of our partners, DHSC and NHS England.	National Director NHS England and HMPPS Executive Director Prison Improvement	Complete and ongoing
	complete transfers under the Mental Health Act within the target time of 14 days. (S37)		In the vast majority of cases (95%), transfer warrants are issued within 24 hours of Mental Health Casework Section (MHCS) receiving the request and all necessary accompanying information (including the two required medical reports). Having reviewed all transfers under the Mental Health Act from HMP Wakefield since 01/04/2015, the average overall length of time from initial receipt of a request for a warrant until the warrant was issued was five days. MHCS has proactively introduced a range of measures to ensure that it holds partners to account in cases where they receive some, but not all, paperwork for a transfer and early indications suggest that these are having a positive effect on reducing the average start to finish timescales at this stage of the process.	HMPPS Executive Director Prison Improvement	Complete and ongoing
			NHS England is working with partners in HMPPS and Public Health England (PHE) to improve and redesign services for people in prison with mental health needs. This includes revising approaches to secure hospital transfers under sections 47 and 48 of the Mental Health Act 1983 when a person needs to be in a hospital for their mental health. HMPPS and NHS England have	National Director NHS England	March 2019



	Main recommendation to		collaboratively collected new evidence and have increased understanding of where transfers work well and how delays arise, identifying areas for improvement. NHS England has committed to action across policy, commissioning and operation, and are consulting on revised guidance on transfer and remissions to and from prison to mental health settings. This will include the definition of new expectations for achieving timely transfer with greater priority being given to urgent cases. The MoJ and DHSC also welcome the independent Mental Health Act review which is considering how to streamline and speed up the transfer process between prisons and secure hospitals. It is important that NHS England fully consider the associated findings and any recommendations following the independent review to determine whether any changes should be proposed to the 'The transfer and remission of adult prisoners under the Mental Health Act 1983 good practice procedure guidance' and if so, ensure that they are included in the forthcoming consultation. To enable NHS England to do this, it anticipates launching the consultation on the revised guidance in early 2019. In the meantime, NHS England are working with all prisons and healthcare teams to support patients subject to mental health transfers.		
	HM Prison and Probation Service and the governor				
5.2	Prisoners should not be held in the segregation unit for excessive periods. Achievable exit plans should be developed and implemented. (S37)	Agreed	HMP Wakefield are currently working with the Long Term High Security Estate (LTHSE) Pathways to Progression team to reduce the numbers of prisoners currently serving long periods of continued segregation at Wakefield. All Authorisation of Segregation paperwork is sent to the Head of Psychology for an action plan to be produced identifying a progressive pathway in individual cases. Consideration will be given to the use of individual interventions for up to three prisoners at any one time.	Governor	Complete and ongoing
	Main recommendation to the governor				
5.3	There should be sufficient, fully used education, training and work activities to occupy the population fully. (S38)	Agreed	HMP Wakefield has conducted a review of all activity places, including enrichment, work and education places to further enhance and complement the offer at HMP Wakefield. The review also included the allocation process and has resulted in all prisoners being appropriately and fully allocated and all activity places occupied without the requirement for further activity places. The attendance and allocation will be monitored daily at the morning meeting and through monthly Senior Management Team (SMT) meetings.	Governor	Complete and ongoing

	Recommendations				
	Early days in custody				
5.4	Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.5, repeated	Partly Agreed	This recommendation is partly agreed as not all escorts are managed by HMP Wakefield staff or are within the Governor's control, and therefore the prison relies on the Prisoner Escort and Custody Service (PECS) and other prison escorting staff to adhere to the requirements.	Governor	
	recommendation 1.4)		HMP Wakefield ensures that escorts within their control are offered appropriate toilet breaks and these are recorded in the Person Escort Records (PERs). Management assurance checks are in place undertaken by the Custodial Manager (CM) in every individual case and wider assurance is monitored through the monthly Establishment Risk and Assurance Assessment (ERAA) completed by functional heads.	Governor	Complete and ongoing
			The PECS contractors are required to schedule comfort breaks into journeys every two and a half hours. The Person Escort Record (PER) must be noted when comfort stops are offered and also if declined by the prisoner. Where conflict to these procedures are raised by the prison or/and the prisoner, the HMPPS Contract Delivery Managers will challenge the Escort Contractor directly. Any problem trends will be challenged at the Monthly Contractor's Operational meeting.	HMPPS Director General Prisons	Complete and ongoing
5.5	Peer support should be available in reception. (1.6)	Partly Agreed	This recommendation is partly agreed as HMP Wakefield provides peer support where deemed appropriate and suitable by an individual risk assessment.	Governor	Complete
5.6	All new prisoners should be able to make a telephone call in reception, subject to considerations of public protection. (1.7)	Agreed	HMP Wakefield now, subject to public protection considerations/risk assessment, allows all new prisoners to make a call in reception. In the instance that considerations of public protection/risk assessment do not allow this a call will be made by staff instead. This is recorded on Prison Nomis and management assurance checks are in place conducted by the Operations CM.	Governor	Complete
5.7	First night observations should be carried out and recorded for all new arrivals and for prisoners whose circumstances have changed. (1.8)	Partly Agreed	This recommendation is partly agreed as it is not always appropriate to undertake the night time checks for those prisoners whose circumstances have changed as these can be disruptive to the prisoner. However, all prisoners arriving from other prisons, returning to HMP Wakefield or where a change of circumstance has taken place are interviewed on the same day by a Supervising Officer on their located wing and any concerns identified will be acted on appropriately. These checks are documented on Prison Nomis along with the observations undertaken. Where first night observations are not	Governor	

			 considered necessary, evidence of such consideration is recorded in the first night paperwork by the wing Supervising Officer. Where prisoners are received directly from Police custody into prison for the first time, HMP Wakefield observes them a minimum of three times during the night period, to ensure their physical and emotional well-being and observations are recorded on Prison Nomis. 	Governor	Complete
			Assurance checks for all first night considerations are undertaken by the Residential CMs and are reported through the monthly ERAA completed by functional heads.	Governor	Complete
	Managing behaviour				
5.8	A violence reduction action plan should specify how safety priorities will be achieved. It should include a commitment to investigate and address prisoners' perceptions of violent and antisocial incidents. (1.18)	Agreed	HMP Wakefield will develop an action plan detailing how safety priorities will be achieved. This will include work to more accurately understand current prisoner perceptions of safety and anti-social behaviour at Wakefield. The prisoner safety representatives will set the Terms of Reference (ToR) and actions. Outcomes will be monitored via the monthly Safer Prisons meeting.	Governor	February 2019
5.9	Senior managers and representatives from relevant departments should attend the safer prison meeting. (1.19)	Agreed	HMP Wakefield has reinvigorated and revisited the meetings ToR and attendance to the monthly safer prisons meeting. Representatives from all relevant departments now attend, and is assured by the Head of Safer Prisons. This includes Safer Prisons, Operations/Security, Segregation, and Health and Safety departments, as well as Samaritans, Listener, Anti-bullying and Wing (where possible this is an Assessment Care in Custody and Teamwork Assessor or Case Manager) representatives. Additionally, invitations are also now offered to the Independent Monitoring Board (IMB), Healthcare, Psychology/ Assessment and Intervention Centre (AIC), Offender Management, the Mental Health Team and Chaplaincy to allow a representative to attend.	Governor	Complete
5.10	The quarterly adjudication standardisation meeting should be well attended and should focus on understanding adjudication trends over time. (1.24)	Agreed	All adjudicating Governors in the prison at the time of the quarterly Adjudication Standardisation meeting taking place are now required to attend. Any variation to this has to be authorised by the Governor in charge and noted in the minutes.	Governor	Complete

			HMP Wakefield has developed an analysis of trends relating to adjudications data, this is used to inform and progress outcomes through the Adjudications Standardisation meeting. The data is coordinated by a CM and is reflected in the ToR for the meeting.	Governor	Complete
5.11	Quality assurance of adjudications should be conducted regularly and identified areas of learning discussed with adjudicators. This process should be documented. (1.25)	Agreed	The Deputy Governor now reviews 10% of completed adjudications each month and feeds back at the quarterly Adjudications Standardisation meeting. Any identified areas of learning are discussed with adjudicators in one to one meetings as required. All quashed or mitigated adjudications are reviewed at the Adjudications Standardisation meeting and the minutes now reflect any learning.	Governor	Complete
5.12	There should be regular management scrutiny of completed use of force paperwork, including all incidents of baton use. (1.31)	Agreed	The Deputy Governor and the Head of Segregation/Close Supervision Centre (CSC) review all use of force (UoF) paperwork including any F213s (Injury to Prisoner Report) following use of force on a monthly basis for the purpose of improving practice and providing assurance that force including the use of batons is used lawfully. A record is held of all viewed CCTV, Body Worn Video Camera (BWVC) and hand held video footage and are retained within the Dedicated Search Team (DST) Office.	Governor	Complete
5.13	All incidents of force captured on handheld or body-worn video cameras should be routinely downloaded, retained and reviewed by managers. (1.32)	Agreed	The Custodial Manager responsible for the Segregation Unit now schedules downloads and dates for reviewing all CCTV, BWVC and hand held video camera footage where an incident of force occurs in conjunction with the Deputy Governor's Secretary and the DST. A record is made of all viewed CCTV, BWVC and hand held video camera footage which are retained within the DST Office. All footage is retained until it has been reviewed and deleted in accordance with the relevant Prison Service Instructions.	Governor	Complete
5.14	Prisoners should spend only the minimum time required in special accommodation and there should be clear evidence in all cases to justify its use. (1.33)	Agreed	Guidance on the criteria for the use of special accommodation has been issued to all operational managers detailing the instances where the use of special accommodation is justified and may be used. Records of Special Accommodation use are contained in the Special Accommodation Pack and daily records are maintained when in use. The Head of Segregation/CSC is responsible for reviewing all special accommodation documentation immediately following its use to ensure that clear evidence is justified and brings any issues or concerns regarding its use to the Governor's attention. Any prisoner in Special Accommodation at the point the daily	Governor Governor	Complete Complete

			Governor rounds of segregation are undertaken will be seen and the documentation checked. All use is reviewed at the Segregation Monitoring and Review Group (SMARG), Use of Force meeting and monthly SMT meeting to enable any issues and concerns to be discussed and identify lessons learned to feed back to operational managers.		
5.15	Showers should be offered each day to all segregated prisoners. (1.42)	Not Agreed	This recommendation is not agreed as access to daily showers on the Segregation Unit may be compromised by a combination of the resource constraints of managing a discrete unit, the number of available showers and prisoners on the unit at any given time, along with the nature of any threat of violence or disruption posed by those prisoners.	HMPPS Executive Director Security, Order and Counter Terrorism/ Governor	
			HMP Wakefield currently comply with Prison Service Order (PSO) 1700 Segregation providing showers every three days as a minimum, however, where possible showers for all prisoners on the Segregation Unit are accommodated either daily or every other day.	Governor	
5.16	Level three unlocking procedures should be used as little as possible, and always be subject to initial authorisation by a senior manager with daily reviews based on presenting behaviour and demonstrations of compliance with staff and the unit regime. Authorisation and reviews should be recorded. (1.43)	Agreed	The Head of Segregation/CSC and in their absence the Duty Governor authorise all initial requests for level three unlocking procedures. Authorisation will be reviewed daily with decisions recorded in the segregation documentation. This will capture present risks and behaviours including compliance with staff and the regime to assess the ongoing use of level three unlocking procedures. There is a weekly Dynamic Risk Assessment meeting for all CSC prisoners that records unlock reviews and a daily review is undertaken at staff briefings to consider any unlock changes. All level 3 unlocking procedure considerations are recorded on Prison Nomis and when used are fully recorded as per the UoF procedures.	Governor	Complete
	Security				
5.17	Prisoners should only be placed on closed visits in response to visits-related activities. (1.51)	Not Agreed	This recommendation is not agreed as per the Drug Strategy & Mandatory Drug Testing (MDT) PSO 3601, where closed visits should be a consideration for failed drugs tests as a supply reduction measure. Additionally, those prisoners found in possession of mobile phones or accessories are considered for closed visits in line with supply reduction measures. HMP Wakefield apply an intelligence and risk based approach to such decisions. Closed visits can also be applied where the grounds identified in Prison Service Instruction (PSI) 15/2011 are met.	Governor	

			Where closed visits are imposed prisoners receive written explanation of why the sanction has been put in place, for how long, and the timescale in which the decision is reviewed. The prisoner is notified of the outcome following the review. Where intelligence supports the lifting of closed visits, this will be actioned.		
	Safeguarding				
5.18	All prisoners should be able to see Listeners when required unless risk assessment indicates otherwise. (1.58)	Agreed	Prisoners on the main Residential Units have access to Listeners at all times. Work commenced in August 2018 to extend 'on request access', to those located in the Healthcare Centre (HCC) via a pilot and risk assessments have been generated to assist with this. Once piloted and further work has been undertaken to assess the feasibility of facilitating access on request to all of F Wing (Segregation Unit and Close Supervision Centre) subject to a risk assessment, this approach will be extended. The pilot and review to enable equivalent residential unit access to HCC and F Wing at all times, subject to risk assessment, is in progress and will report by March 2019.	Governor	March 2019
5.19	The governor should re- establish links with the local director of adult social services and the local safeguarding adults' board to develop local safeguarding processes. (1.60)	Agreed	Contact has been re-established and the local Safeguarding Adults Board has been attended by an appropriate prison representative. A Sub-Committee will be established by the Local Authority, due to the limited relevance of the wider meeting, this will be attended by a Safer Prisons representative to ensure the development of an appropriate structure for local safeguarding processes.	Governor Governor	Complete February 2019
			The local Safeguarding policy will be reviewed and updated as a result of the Sub-Committees development work and the new policy will be made available to staff via a Staff Information Notice (SIN) and staff/ functional briefings.	Governor	March 2019
	Daily life				
5.20	Toilets and showers should be adequately screened. (2.10)	Partly Agreed	This recommendation is partly agreed as whilst an additional works request will be submitted for shower curtains to be fitted where there is currently inadequate screening provided, these will be subject to available funding.	Governor	
			Toilet screens will be provided in all cells as these will be manufactured locally.	Governor	March 2019
5.21	The evening meal should not be served before 5pm. (2.15)	Not Agreed	This recommendation is not agreed as the regime at HMP Wakefield is set to the National Core Day and staffing and the regime are profiled around this. Moving the meal time to after 5pm would require additional resources that are	Governor	

			not available at this time and would impact on the evening regime reducing the opportunity for prisoners to attend sessions such as the Gym, Library, and religious events.		
5.22	There should be no administration charge for catalogue orders. (2.16, repeated recommendation 2.107)	Not Agreed	This recommendation is not agreed as PSI 23/2013 Prison Retail, requires that an administration charge is applied to catalogue orders and this is reinforced by the Accounts Teams each year. The national catalogue fee was introduced with HMPPS Board approval, and is part of PSI 23/2013. There is provision within the PSI for the catalogue handing fee to be waived in circumstances where products are being purchased as specific requirements for a protected group, where to charge the handling fee would disadvantage the individual compared to the general population. The charge is only a contribution towards the cost of providing this ordering service for prisoners, and is mandatory across all prisons.	HMPPS Director General Prisons/ Governor	
5.23	Responses to applications should be tracked and monitored to ensure timeliness and focus on the matters raised. (2.23)	Agreed	An application tracking system is currently being considered within the Action Research Project undertaken by the Rehabilitative Culture Committee and will be put into place to ensure that a record is available of who is in possession of each application and when a response to the prisoner will be issued. Any overdue responses will be followed up by Wing Managers and a quality assurance (QA) process is included in the tracking system.	Governor	March 2019
	Equality, diversity and faith				
5.24	The prisoner equality action group should analyse local data to identify potential disadvantage to minority groups, decide on actions to be taken and monitor the outcomes of these actions. (2.33)	Agreed	Local data gathering will be developed further to include the Incentives and Earned Privileges (IEP) scheme, complaints and activities. This data will be used to identify any disadvantages to minority groups and will be presented to the monthly Prisoner Equality Action Group (PEAG) allowing any anomalies to be explored. Where concerns arise actions will be added to the PEAG action plan and progress monitored via the monthly meeting.	Governor	March 2019
5.25	The prisoner equality action group should include external representation and scrutiny	Agreed	Leeds Beckett University have agreed to provide external scrutiny of Discrimination Incident Reporting Forms (DIRF) for a three year period, which commenced in September 2018.	Governor	Complete
	of DIRFs. (2.34, repeated recommendation 2.24)		Local Authority links have been invited to attend the monthly PEAG and this will be extended to other community organisations as further links are made.	Governor	March 2019

5.26	Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.44, repeated recommendation 2.31)	Agreed	A quarterly forum will be established to explore and address the reasons for the less positive perceptions of the HMP Wakefield Black and Minority Ethnic (BAME) population. BAME staff and prisoner representatives will support this work. Dependent on the outcomes appropriate actions will be taken and these will be monitored via the monthly PEAG.	Governor	March 2019
5.27	A needs analysis of older prisoners should be conducted to ensure that they have equal access to all aspects of the regime to support social integration. (2.45)	Partly Agreed	This recommendation is partly agreed. Whilst HMP Wakefield will conduct a full needs analysis of older prisoners and endeavour to improve regime access for this group. This may not provide equal access to all aspects due to individual needs, operational and regime constraints. HMP Wakefield will use guidance from the Public Health England document and take account of the most recent health needs analysis. This work is being undertaken by Equalities CM and will report recommendations to the SMT. Dependent on the results, appropriate action will be taken to provide improved access and progress will be monitored by the monthly PEAG.	Governor	March 2019
	Health, well-being and social care				
5.28	All clinical environments should comply with infection control standards. (2.62)	Partly Agreed	This recommendation is partly agreed as where additional building infrastructure works are identified as being required to achieve infection control standards completion of the work will be subject to available MoJ/HMPPS funding for capital works and affordability.	Director of Care UK	
			The healthcare provider's, Care UK, corporate Infection Prevention and Control (IPC) Lead will undertake an inspection and identified actions will be generated in an action plan for site implementation to improve standards and procedures. Monthly IPC audits will then be undertaken in line with the healthcare providers audit schedule. Where clinical environments are found not to be compliant these will be added to the risk register, action plan and escalated to HMP Wakefield to remedy the situation.	Director of Care UK	February 2019
			Care UK and HMP Wakefield have quarterly Prison Health Operational Group meetings where issues are discussed to ensure compliance with standards and any issues requiring escalation are reported to the formal Contract & Partnership Meetings held by NHS England with Care UK and HMP Wakefield.	Director of Care UK/ Governor	Complete

			If issues cannot be resolved at this forum, they are escalated to the Yorkshire & Humber Prison Partnership Board and to the Deputy Director LTHSE.		
5.29	Patients should not have to wait for extended periods before and after their appointments in the health centre. (2.63, repeated recommendation 2.62)	Agreed	Care UK and HMP Wakefield have introduced timed medical appointments, allowing prisoners to be escorted to and from appointments, returning to their place of employment afterwards.	Director of Care UK/ Governor	Complete
5.30	Health promotion material should be readily available on the wings. (2.67)	Agreed	A space has been identified on each wing to promote Healthcare material in line with the Department of Health, health promotion calendar. These will be updated on a monthly basis by Healthcare staff.	Director of Care UK	Complete and ongoing
5.31	Condoms should be well promoted. (2.68)	Agreed	All prisoners on reception via their initial health screening and at sexual health clinic appointments are now advised as to the availability of condoms. The Healthcare noticeboards have been updated to provide information on access as part of the health promotion initiatives as detailed in the response to recommendation 5.30. Any interaction with individual patients and the issuing of condoms are recorded within the SystmOne clinical record.	Director of Care UK	Complete
5.32	Information sharing between health and prison staff should be sufficiently detailed to identify potential risk and enable good multidisciplinary care. (2.80)	Agreed	Care UK hold Multi-Professional Complex Case Conferences (MPCCC) and attend and inform the prison Complex Case Multi-disciplinary meetings weekly. Care UK also attend the Multi Agency Public Protection Arrangement (MAPPA) Boards to enable relevant cases to be discussed. A medical information form generated by Care UK has been inserted in the PER document and reintroduced to clinical staff to ensure that this is completed for every PER form.	Director of Care UK	Complete
			Specific information is now shared in line with Caldicott and General Data Protection Regulation (GPDR) guidelines to enable prison officers to contribute to Care Plans for patients. The National Service Sharing Agreement is adhered to by Care UK and HMP Wakefield meeting through forums, such as the Drug Strategy and Security meetings to ensure information is shared that might be a risk to the establishment or individuals within it. Should any issues arise, escalation would be conducted via the local Prison Health Operational Group; Contract & Partnership Meeting; Yorkshire & The Humber Prison Partnership Board and via the North NHS England & Prison Group Directors meeting.	Director of Care UK/ Governor	Complete

5.33	The inpatient unit should only accommodate prisoners with identified clinical need and offer a clinically therapeutic environment. (2.81)	Not Agreed	This recommendation is not agreed as there are occasions where for operational prisoner management reasons it is necessary to locate prisoners in Healthcare for non-clinical reasons. HMP Wakefield has an integrated regime and therefore has no specific area to locate prisoners who may be vulnerable or require specific support or observations and where their location in Segregation is neither necessary nor appropriate. On these occasions location in the Healthcare is used to maintain safety and decency for the individual. The Healthcare & prison staff continue to work in partnership to provide a therapeutic environment within the Healthcare unit as far as is practicable. However, whilst there is a specific regime within the healthcare unit, the physical environment and core day requirements of a prison limit how far a therapeutic environment can be implemented.	Governor	
5.34	Social care assessments should be completed promptly. (2.87)	Partly Agreed	This recommendation is partly agreed on the basis that the provision of adult social care is subject to the needs assessment, funding and prioritisation processes of the Local Authority's adult services and is outside of HMP Wakefield's control. It is for the Local Authority to make arrangements to ensure the care and support needs of prisoners are met, subject to their assessment and application of the eligibility criteria in the Care Act. Wakefield Council have a separate contract with Care UK for the provision of Social Care. Care UK will review their staffing structure and budget to establish dedicated time for completion of assessments which will be subject to appropriate funding from the Local Authority where necessary. The Head of Healthcare will continue to discuss ownership of the action with Wakefield Council to ensure it is embedded in the service delivery plan.	Governor/ Director Wakefield Local Authority	February 2019
5.35	Individual care plans should be in place for all prisoners in receipt of social care. (2.88)	Agreed	This recommendation is agreed on the basis that the provision of adult social care is subject to the needs assessment, funding and prioritisation processes of the Local Authority's adult services. It is for the Local Authority to make arrangements to ensure the care and support needs of prisoners are met, subject to their assessment and application of the eligibility criteria in the Care Act.	Governor	
			Wakefield Council have a separate contract with Care UK for the provision of social care. All patients currently have Care Plans in place and moving forward all patients will have individualised/personal Care Plans written at the time of assessment and reviewed periodically in line with the social care assessment process. The Head of Healthcare will continue to discuss ownership of the action with Wakefield Council to ensure it is embedded in the service delivery plan.	Director Wakefield Local Authority	Complete and ongoing

5.36	There should be a full range of therapeutic options, including access to psychology and counselling services. (2.98)	Agreed	Following the publication of the revised National Service Specification for Mental Health within Prisons, HMP Wakefield have completed a compliance tool to assess adherence to the new specification. A business case to NHS England for additional clinical resources has recently been approved and recruitment is underway to support the needs of the population in accordance with the new specification. The new specification will be fully operational by the end of the financial year in line with national NHS England timescales.	Director of Care UK	March 2019
5.37	Prisoners should receive their medicines in a confidential area, where they cannot see or hear what is being given to others. (2.112)	Partly Agreed	This recommendation is partly agreed, as whilst due consideration will be given In all cases to patient confidentiality, wherever possible, to support an improvement to the location of the dispensing area to a point where other prisoners cannot see or hear what is being dispensed will be subject to building structure constraints, affordability, staffing resources and the regime.	Director of Care UK/ Governor	
			Whilst a survey will be undertaken outcomes will be subject to MoJ/HMPPS funding for capital works. Where additional funding cannot be provided to adapt the dispensing areas, Care UK and HMP Wakefield will discuss alternative options such as presenting patients at the dispensing hatch on an individual basis or alterations to how the medication queues are monitored by prison staff e.g. ensuring an agreed distance from the hatch whilst patients are awaiting their medication.	Director of Care UK/ Governor	March 2019
5.38	Medicines should be stored securely and at correct temperatures. (2.113)	Partly Agreed	This recommendation is partly agreed as to achieve full compliance will require the medicine storage area to be relocated. Whilst a survey will be undertaken outcomes will be subject to existing building infrastructure and affordability.	Director of Care UK/ Governor	March 2019
	(2.113)		All medication is stored securely within the pharmacy and the dispensary areas. Work to resolve the temperatures has included purchasing mobile air conditioning units and a new local operating procedure (LOP) has been developed detailing the procedure to follow if medication is kept out of optimal standards.	Director of Care UK	Complete
5.39	Current guidance on tracking of medicated patch placement should be adhered to. (2.114)	Agreed	The process of administering the medication and the placement of the patches has been written into a LOP and has been shared with all Healthcare staff. Audits take place bi-annually within the Primary Care team to ensure guidance is adhered to.	Director of Care UK	Complete
5.40	Dental services should meet infection control requirements. (2.119)	Partly Agreed	This recommendation is partly agreed as to achieve full compliance with Infection Control requirements this will require the relocation or refurbishment of the Dental Suite and whilst NHS England will submit a business case	Director of Care UK/ Governor	March 2019

			 completion of the work will be subject to available MoJ/HMPPS funding for capital works. Care UK and HMP Wakefield have quarterly Prison Health Operational Group meetings where issues are discussed to ensure compliance with standards and any issues requiring escalation are reported to the formal Contract & Partnership Meetings held by NHS England with Care UK and HMP Wakefield. If issues cannot be resolved at this forum, they are escalated to the Yorkshire & Humber Prison Partnership Board and to the Deputy Director LTHSE. 	Director of Care UK/ Governor	Complete
5.41	Dental equipment should always be stored safely and securely. (2.120)	Agreed	Discussions with the dental service provider have re-affirmed the appropriate storage of equipment prior, during and after clinics and a new location for the used dental equipment box has been found.	Director of Care UK	Complete
	Time out of cell				
5.42	Unlock times should reflect the published core day. (3.10)	Agreed	HMP Wakefield now unlock in line with the published core day. However, on occasions where briefings are deemed essential to staff and prisoner safety unlock may be delayed. Where any delays occur the reasons for this will be communicated to prisoners. Residential Managers report daily to the Heads of Residence where any issue with unlocking arises.	Governor	Complete
5.43	All prisoners should have access to at least one hour of exercise in the open air each day. (3.11)	Not Agreed	This recommendation is not agreed as the core day provides the mandatory requirement within Prison Service Instruction (PSI) 75/2011 – Residential Services, of a minimum of 30 minutes time in open air per day for all prisoners. Whilst HMP Wakefield achieves an hour of exercise over the weekend, to extend the exercise period on other days would require increased resources that are not available at this time.	Governor	
	Education, skill and work activities				
5.44	Managers should coordinate activities to reduce the number of authorised absences from education. (3.23)	Agreed	The Head of Reducing Reoffending has conducted a review to ensure that sequencing of activities is improved to allow prisoners the maximum attendance in education. This included a change to improve healthcare appointments times (recommendation 5.29). Education staff now use a consistent system to record authorised absences and these are scrutinised, discussed and monitored through the reducing reoffending meeting. Where appropriate these will be challenged by the Activities Hub and performance is reported daily to the Governor in charge at the morning meeting.	Governor	Complete

5.45	Managers should evaluate the quality of teaching and learning in the workshops to help instructors improve the provision. (3.24)	Agreed	HMP Wakefield will procure further training from the Education Provider to support and develop a defined team of Instructors who will undertake Observation of Teaching and Learning (OTL). This provision will be in addition to the OTL undertaken by managers. A quarterly team meeting will provide support, evaluation and development of the OTL skills. OTLs completed will be quality assured within the bi-monthly Quality Improvement Group (QIG) meeting.	Governor	March 2019
5.46	Managers should provide access to careers advice and guidance for prisoners. (3.39)	Agreed	Under the reforms to prison education, governors will be able to decide how education is delivered within their prison and who will be tasked with delivering education and training services from April 2019. To support governors to use their new powers and budgets, they will be able to buy services through both a Prison Education Framework (PEF) and a Dynamic Purchasing System (DPS) for short-term and more specialised training provision. These new routes will enable governors to commission core and bespoke education provision from a list of pre-approved providers. Under these new arrangements governors will therefore be able to commission careers advice ('information, advice and guidance') through the DPS. This will allow governors to shape a coherent service, reflecting the particular needs of their establishment as well as encouraging joined up delivery of learning and employment guidance to support the prisoner throughout their sentence.	HMPPS Executive Director Rehabilitation and Assurance/ Governor	April 2019
5.47	Managers should introduce higher-level qualification opportunities for prisoners employed in the prison workshops to reflect the level of skills they acquire. (3.44)	Partly Agreed	This recommendation is partly agreed as the implementation of higher level qualifications will be subject to Workshop Instructors having the necessary skills or relevant training being available which will be subject to funding and staff resources. Following the review of all activity places at HMP Wakefield (recommendation 5.3), the opportunities for prisoners to gain higher level qualifications to reflect the skills they acquire during these activities, will be explored.	Governor	March 2019
	Children and families and contact with the outside world				
5.48	The prison should provide a wide range of opportunities for prisoners to rebuild and maintain	Agreed	A Children & Families Strategy document has been issued which details a range of extended opportunities for prisoners to rebuild and maintain relationships with their families. This includes, Assessment and Intervention Centre (AIC) celebration events which have already been introduced, where family members are invited to celebrate the success of prisoners.	Governor	Complete

	relationships with their families. (4.8)		The strategy also provides for an additional family day being introduced, a total of seven throughout the year and consideration being given to involving family members in sentence planning and safer prisons processes.	Governor	December 2019
5.49	Visits should start at the advertised time. (4.9, repeated recommendation 4.47)	Agreed	HMP Wakefield ensures that the advertised visits start time is in line with the published core day and is adhered too. Prisoners moving to visit also have priority over other routine prisoner movement. However, there may be occasions of exceptional circumstances where advertised started times may not be exercised having been deemed essential to staff and prisoner safety. Where such instances occur managers in the Operations function will feedback any significant compliance issues in their monthly ERAA.	Governor	Complete
	Reducing risk, rehabilitation and progression				
5.50	A rehabilitation strategy should be put in place which sets out how departments across the prison will work together to identify and address the needs of all prisoners. (4.19)	Agreed	HMP Wakefield will review the Resettlement Pathways Strategy document that is currently within its Rehabilitation Strategy to improve and evidence the coordinated approach setting out how departments work together, including sharing information, to address the needs of its prisoners. This will be further enhanced by multi-disciplinary/multi-function attendance at the monthly Reducing Reoffending Pathways meetings to provide strategic oversight. Attendance will include all pathway leads - representatives from AIC, Offender Management Unit (OMU) and the wider Reducing Reoffending Team, and will be Chaired by the Head of Reducing Reoffending.	Governor	March 2019
5.51	Prisoners should be held in the lowest appropriate security conditions. Progressive transfers should be swift. (4.20)	Agreed	HMPPS acknowledges that locally HMP Wakefield strives to create relationships with other prisons in order to ensure that transfers of prisoners are progressive, appropriate and are carried out in as timely a fashion as possible. Enabling progressive transfers of prisoners is subject to space in the appropriate part of the prison estate becoming available. The speed of transfers, therefore, reflects the availability of places in a particular location or of a particular type. HMPPS remains committed to making the most effective use of the estate to support prisoners' needs, including by seeking to hold prisoners in the most appropriate security conditions and in prisons that are able to meet the need presented by their individual case. As part of the prison reforms HMPPS will be reconfiguring the existing estate so that it is used as effectively as possible. HMPPS want to ensure prisoners are held in environments that match their needs and risk, and address the current	HMPPS Executive Director Prison Estate Transformation Programme	March 2021

	Interventions		 imbalance in the estate between capacity and demand for certain prison places. HMP Wakefield continues to progress prisoners to appropriate security conditions and liaises in a timely way with other prisons to facilitate this. Due to circumstances outside of the control of HMP Wakefield there will be occasions where it is not always possible to transfer a prisoner swiftly due to national population considerations. 	Governor	Complete and ongoing
5.52	OMU staff should conduct one-to-one offence-related work which should take place in private interview rooms. (4.26)	Agreed	HMP Wakefield agree that this should take place and once the Offender Management in Custody (OMiC) model is in operation locally, under the case management element one-to-one supervision with prisoners is factored in to the staffing resource to deliver this, with the frequency of these sessions being determined by the individual's level of risk. Whilst there are currently sufficient private interview rooms available, once OMiC is fully implemented the requirement and availability of rooms will be reviewed at that time.	Governor	April 2020

Recommendations	
Agreed	35
Partly Agreed	11
Not Agreed	6
Total	52

