Report on an unannounced inspection of

HMP Wakefield

by HM Chief Inspector of Prisons

31 October – 11 November 2022

Contents

Introduction

Wakefield prison in West Yorkshire is one of the highest security prisons in the country. With a capacity for up to 750, it holds some of the more dangerous men in the prison system, including some high-risk category A prisoners. At the time of our inspection, almost all of those held were serving over 10 years and nearly half were serving indeterminate sentences including life. Traditionally, Wakefield has also held a preponderance of men convicted of the most serious sexual offences, and while the proportion of these prisoners had fallen since our last inspection, it remained at about 60% of the current population. The prison also has a close supervision centre (CSC), which holds some of the prison system's most disruptive men. While we mention the facility in our report, we will report more fully and thematically on these types of units in due course.

This inspection of Wakefield is our first for four years, our last visit being in 2018 when we reported on a successful prison delivering some very good outcomes. Our findings at this inspection were similar, with outcomes assessed as reasonably good in three of our healthy prison tests: safety, respect, and rehabilitation. Only in purposeful activity did we find outcomes that were insufficient. While this represents some deterioration in purposeful activity and respect, in the context of the times and challenges faced by the prison system, this is one of the better inspections we have undertaken at an adult male prison recently.

Wakefield is an old establishment, with most wings resembling the traditional galleried institution familiar to the public mind. Some aspects of the prison's infrastructure were showing their age, but in general the prison was clean and well-maintained, and nearly all prisoners were housed in individual and well-resourced cells. A continuing strength of the prison was the quality of staff-prisoner relationships. The staff at Wakefield were competent and confident, despite many being relatively inexperienced. These qualities were being harnessed and applied in key work sessions which had been made a priority by leaders. The delivery of key work was a much more positive example than we have seen recently across the adult male estate, and this was especially encouraging given how vital this process is to the healthy functioning of a prison. Effective key work underpinned many aspects of prison life and prisoner well-being, not least safety, offender management and risk reduction.

Despite the risks it carried, the prison was settled and comparatively safe, and most safety outcome indicators were encouraging. Although not the worst we have seen, the quality of regime, however, was still not good enough. Too many prisoners spent too much time locked up in their cells, a situation compounded by not enough activity places. Work to promote equality was happening but needed more impetus and would have benefited from greater rigour in the use of data. Health care outcomes required improvement; much of the delivery was undermined by a shortage of health care staff.

The settled nature of the prison reflected strong leadership. The governor had set a clear vision for the future, part of which sought to reorientate the prison towards meeting the needs of sex offenders as well as a more integrated population. The priority given to relationships was sensible and reflected

leaders' good knowledge of the strengths and weaknesses of the prison. However, there was space for more strategic thinking and certainly a better use of data when tackling weaknesses in the core functions of the establishment. That said, the prison was well-run, and leaders in particular impressed us with their capability.

Charlie Taylor
HM Chief Inspector of Prisons
December 2022

What needs to improve at HMP Wakefield

During this inspection we identified 15 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

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

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

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

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

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

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

Key concerns

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

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

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

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

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

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

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

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

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

About HMP Wakefield

Task of the prison/establishment
HMP Wakefield is a high-security prison for category A and B male prisoners, almost exclusively holding those with a determinate sentence of over 10 years, lifers and prisoners with an indeterminate sentence for public protection.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 743
Baseline certified normal capacity: 750
In-use certified normal capacity: 750
Operational capacity: 750

Population of the prison
- 339 (45.62%) life-sentenced prisoners.
- 36 (4.8%) prisoners serving an indeterminate sentence for public protection.
- 61% convicted of a sexual offence.
- 191 receptions last year.
- 67 foreign national prisoners.
- 22.8% of prisoners from black and minority ethnic backgrounds.
- 13 prisoners released into the community in the last 12 months.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group and Midland Partnership Foundation Trust
Mental health provider: Practice Plus Group
Substance use treatment provider: Practice Plus Group and Midland Partnership Foundation Trust
Prison education framework provider: Milton Keynes College
Escort contractor: Geo Amey

Prison group/Department
Long-term high-security estate

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

Short description of residential units
A–D wings: residential units
F wing: segregation unit and close supervision centre
Health care centre: inpatient unit
Mulberry unit: autism spectrum residential unit

Name of governor and date in post
Tom Wheatley, July 2018

Changes of governor since the last inspection
Andy Ripley – until July 2018

Prison Group Director
Gavin O'Malley

Independent Monitoring Board chair
Ron Drake

Date of last Inspection
June 2018

Section 1 Summary of key findings

1.1 We last inspected HMP Wakefield in 2018 and made 52 recommendations, three of which were about areas of key concern. The prison fully accepted 35 of the recommendations and partially (or subject to resources) accepted 11. It rejected six of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations

1.3 Our last inspection of HMP Wakefield took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

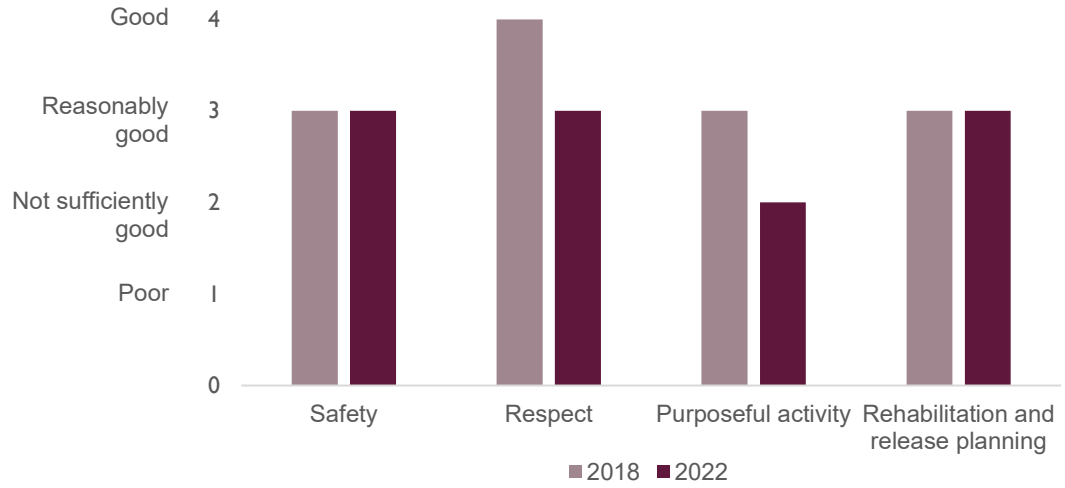
1.4 At our last full inspection, we made three recommendations about key concerns. These recommendations were made in the areas of safety, respect and purposeful activity. At this inspection, we found that none of those recommendations had been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Outcomes for prisoners

1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.6 At this inspection of HMP Wakefield, we found that outcomes for prisoners had stayed the same in two healthy prison areas and declined in two.

Figure 1: HMP Wakefield healthy prison outcomes 2018 and 2022



Safety

At the last inspection of HMP Wakefield, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained reasonably good.

1.7 Reception was welcoming and most prisoners reported respectful treatment, but we were not confident that all first night safety interviews took place. Induction was not sufficiently comprehensive, although arrivals were not new to custody and they were low in number.

1.8 The overall number of violent incidents remained similar to our findings at the previous inspection. The number of prisoner on prisoner assaults was, however, increasing and whilst still quite low, was now the highest amongst comparable prisons. This rise was partly offset by a fall in the number of assaults on staff which was also lower than at similar prisons.

1.9 The prison had no violence reduction strategy, the analysis of data was weak and action planning was out of date. The challenge, support and intervention plan (see Glossary) process to address violent behaviour was also not operating effectively.

1.10 The number of recorded uses of force had increased, but oversight was good. New and improved body-worn cameras were available to all frontline staff and their deployment was improving. Special accommodation had not been used in the last year.

1.11 The large segregation unit was run alongside the close supervision centre, most occupants having transferred from within the long-term and high-security estate following already long periods of isolation. The regime was minimal and the unit austere, but prisoners we spoke to were positive about the care they received from staff. Although many cases were long-term and complex, reintegration planning was not

routine and we were concerned at the long periods that prisoners spent in segregation.

1.12 Physical and procedural security arrangements were rigorous, proportionate and consistent with the needs of one of the highest-security prisons in the country. A dedicated team managed counter-terrorism.

1.13 Random mandatory drug testing and suspicion tests were completed and the positive rate was low at 2.1%, but the drug supply and demand strategy was not up to date.

1.14 There had been five self-inflicted deaths since the previous inspection. Oversight of actions in response to Prisons and Probation Ombudsman recommendations was insufficient.

1.15 Levels of self-harm were higher than at the time of the previous inspection but had been reducing over the last year and were lower than that seen at comparable prisons. However, oversight of suicide and self-harm prevention work was underdeveloped; there was no strategy and minimal interrogation of data to understand drivers and trends. Investigations of incidents of serious self-harm did not always fully explore the lessons that could be learnt, to inform the care of other prisoners. However, support for most prisoners on assessment, care in custody and teamwork (ACCT) case management procedures for those at risk of suicide or self-harm was generally good.

1.16 There were good links to the local adult safeguarding board, which operated a prison subgroup.

Respect

At the last inspection of HMP Wakefield, in 2018, we found that outcomes for prisoners were good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now reasonably good.

1.17 Most respondents to our survey said that they were treated respectfully by staff, that they had a member of staff they could turn to and that they had a named key worker (see Glossary). We observed positive and supportive interactions between staff and prisoners, and there was evidence of regular and consistent contact with key workers.

1.18 All prisoners lived in well-equipped single cells, although most prisoners had to rely on flasks for hot water during lock-up periods. Communal and external areas were generally clean and well maintained.

1.19 Consultation arrangements were good, and some action had been taken to address issues raised during such consultations. Although a system for monitoring responses to applications had been introduced,

few were timely or logged as returned. Complaint responses did not always address the issue raised.

1.20 Oversight of equality work lacked an overarching strategy and comprehensive action plan, and analysis of data was too limited to identify any disproportionalities.

1.21 There were more-negative perceptions among black and minority ethnic prisoners than others in our survey, and we spoke to many who considered that they were treated less well than their white peers. However, provision for foreign national prisoners was reasonable and prisoners with physical disabilities generally received good support, although broken lifts on some wings limited their ability to access a full regime. There was better provision for neurodivergent prisoners than we often see, including the dedicated Mulberry unit supporting those with autism.

1.22 The chaplaincy was well regarded by prisoners and, despite staffing challenges, the team worked hard to provide good care and support.

1.23 Inadequate staffing levels were having a negative impact in most areas of health provision. Governance structures were in place, but credible plans to mitigate risks to prisoners were inadequate.

1.24 Access to a GP was limited to two days a week and waiting times for treatment and prescribing were protracted. The mental health team skill mix did not provide an adequate range of interventions and treatment, and minimal staffing levels meant that only core tasks and risks were managed on a day-to-day basis. The psychiatry and psychology provision did not meet the needs of the population. Drug and alcohol teams provided a good service for those with substance misuse problems.

1.25 The supply of medicines was inadequate because of staffing shortfalls, and many prisoners waited too long for, and regularly experienced gaps in, treatment. The impact of these delays was under-reported and lacked oversight.

1.26 The quality of dental provision was good, but access was poor, with a cumulative wait for examination and treatments of up to nine months.

Purposeful activity

At the last inspection of HMP Wakefield, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now not sufficiently good.

1.27 In our survey, few prisoners reported spending less than two hours a day out of cell during the week and at weekends. However, our roll checks found around half of the population locked up during the working day.

1.28 Those in full-time employment spent up to nine hours a day unlocked, but the many unemployed prisoners had as little as three hours out of their cell. Prisoners were unlocked for around seven hours a day at weekends, which is more than we normally see. The exercise yard was very small for the size of the prison and was not used by many.

1.29 Most of the population accessed the library at least once a week, but prisoners told us that the time they could spend there was too short. The library met the needs of a wide range of readers, and new initiatives to promote reading were being launched.

1.30 The gym was popular and almost all sessions were well attended, but the outside sports field remained out of use.

1.31 There were insufficient activity places, and plans to increase these did not address the shortfall. Prisoners also had to wait far too long to be allocated to an activity.

1.32 A large proportion of prisoners who studied functional skills qualifications in English achieved, but the proportion of prisoners who achieved functional skills qualifications in mathematics was low.

1.33 Vocational instructors provided good training, but in most workshops, prisoners had no opportunity to achieve accredited qualifications to recognise the high levels of knowledge and skills they were acquiring. Prisoners allocated to work on the wings were underemployed.

1.34 Staff used prisoners employed as mentors, initial advice and guidance workers, and classroom assistants effectively to support delivery of the curriculum.

1.35 Leaders had developed a strategy to encourage prisoners to read and the activities they planned were beginning to have a positive impact.

1.36 Since the last inspection, managers had acted to provide prisoners with careers information, advice and guidance. However, not all prisoners had yet received advice and guidance to support their ‘career in custody’ journey.

Rehabilitation and release planning

At the last inspection of HMP Wakefield, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained reasonably good.

1.37 Support to reconnect, build and maintain contact with families and friends had improved in some areas, including monthly family days and family coffee mornings, although the prison was yet to install in-cell telephones. Proactive work also took place to identify and engage prisoners who did not have visits. Although there were enough visit slots to meet demand, they sometimes started late.

1.38 The prison held an extremely challenging population in relation to offender management and work to protect the public. Nearly all prisoners were serving long sentences and about half were serving life or indeterminate sentences for public protection. About 60% had been convicted of a sexual index offence and over half of these prisoners were in denial.

1.39 Various departments worked to prepare and settle prisoners into long periods of prison life and reduce their risk of reoffending, but there remained a lack of strategic oversight and coordinated work between some of them. However, the offender management unit benefited from strong leadership. There were staffing shortfalls and caseloads were high, but the team worked collaboratively.

1.40 Many prisoners arrived without an initial offender assessment system (OASys) assessment and reviews were not always timely, but the quality of assessments was very good.

1.41 We saw some good examples of one-to-one offence-related work taking place, accompanied by supportive work from key workers, but contact between prison offender managers and prisoners was mostly driven by time-bound events, such as upcoming parole and re-categorisation reviews. Parole arrangements were managed well.

1.42 Work to protect the public was robust. The weekly interdepartmental risk management meeting was effective and arrangements for those subject to monitoring and child contact restrictions were very good. The quality of risk management plans and the prison's contributions to multi-agency public protection arrangements (MAPPA) meetings were excellent.

1.43 Some prisoners were frustrated by their slow progression through their sentence and more needed to be done to inform them of the sequencing of sentence planning events to manage their expectations realistically. Some progressive transfers were taking place, but these were slow. Re-categorisation decisions were well considered, but prisoners were not routinely involved.

1.44 The assessment interventions centre offered a wide range of programmes, but vacancies within the psychology and programmes team had reduced prisoners' access to treatment interventions. The allocation of places was prioritised dynamically, based on national instructions, which limited recategorisation opportunities for some category A prisoners.

1.45 Few prisoners were released directly from the prison, but pre-release planning, when required, was mostly thorough.

Notable positive practice

1.46 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.47 Inspectors found five examples of notable positive practice during this inspection.

1.48 The prison had developed its own body-worn camera training awareness session for staff, demonstrating the effectiveness of their use. (See paragraph 3.16)

1.49 The prison subgroup of the local adult safeguarding board allowed for deliberation about specific cases, which could be escalated for referral to, and consideration by, the board. (See paragraph 3.36)

1.50 Prisoner equality representatives considered both the eligibility and outcomes of discrimination incident report forms. (See paragraph 4.27)

1.51 All new prisoners undertook training in manual handling and the British Heart Foundation 'Heart Start' emergency resuscitation package during their induction to the gym. (See paragraph 5.13)

1.52 The prison had held a 'Shout About' event, targeted at prisoners three years before their release. It offered an excellent opportunity for prisoners to ask practical questions, demystify their anxieties about what would be expected of them on the day of release and raise their awareness of the rules and requirements of approved premises. (See paragraph 6.38)

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The prison was calm and well ordered, and we found a professional and positive culture among staff who had a strong sense of pride in their establishment.

2.3 The governor had set a clear vision for the prison, with good insight into the needs of its now more integrated population, which included sexual offenders and the highest-risk prisoners serving long sentences, including whole life terms.

2.4 The governor had rightly focused on progressing prisoners to less secure conditions whenever possible and, consequently, the demographic of the population had begun to change. There were more younger prisoners as well as those without a sexual index offence, but leaders' response in re-orientating the prison to meet the needs of the changing population required more development.

2.5 Leaders' assessment of the prison's strengths and challenges were thoughtful and considered, but the prison in general would have benefited from better strategic thinking and more considered planning across a range of important policies and practices. The management of data was weak and was not informing strategy. There were, for example, no data-informed strategies or action plans to make the prison safer or promote equality, and both the reducing reoffending and drug strategies were out of date.

2.6 Leaders had focused on developing positive relationships; the delivery of key work was better than we usually see, and there was a wide network of effective consultation with prisoners. Although leaders recognised the importance for prisoners serving long sentences to maintain optimism and hope, the progression for many had stalled because of insufficient purposeful activity. Managers' plans to increase activity places had failed to address the shortfall. Workshops were closed because of a shortage of instructors and buildings that needed repair.

2.7 A lack of fully trained and experienced staff within the psychology and programmes team also meant prisoners had reduced access to treatment interventions. The national prioritisation for access to offending behaviour programmes limited the opportunity for category A prisoners to demonstrate their progression and reduction in risk.

2.8 Although the prison had recruited its full quota of officers, the historically very low rate of staff attrition had recently increased and around 30% of officers had less than two years of service. Leaders had drawn up a 'people plan', monitored by a staff well-being committee, to provide support to inexperienced officers and improve retention. There was also a strong focus on training staff to meet the changing needs of the prison's population.

2.9 Although there were good structures for working in partnership with health care providers, not enough had been done to mitigate some considerable risks resulting from shortfalls in health care delivery. However, the prison collaborated well with the education provider and there was evidence of positive partnership working.

2.10 HM Prison and Probation Service investment was needed to improve failing infrastructure, including broken lifts, leaking roofs, old showers, the inadequate electricity supply, the poor state of the inpatient unit and outdated physical security systems. There were also no telephones in cells, although we were told that installation was imminent.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 The prison received an average of just four new prisoners each week. Category B prisoners were transferred under normal contracted escort arrangements, and category A prisoners by prison staff in secure prison vehicles. In all cases, vehicles were swiftly admitted to the prison at any time of day, and prisoners taken quickly into the reception area.

3.2 In our survey, most prisoners reported respectful treatment on arrival into what was a much improved and more welcoming environment than we found at the previous inspection. All areas of reception had been redecorated, providing a clean and bright area, waiting rooms were well equipped, and hot and cold drinks were available. Reception procedures, including an interview with the health care team, were thorough and prisoners did not wait long to be taken to their new accommodation.

3.3 Searching procedures were proportionate and new technology was used well to screen new arrivals and their property. All new arrivals were provided with sufficient prison-issue clothing and toiletries while their possessions were being searched and catalogued, which could take up to seven days. Where appropriate, a telephone call was offered, or made on their behalf, and an advance of wages was provided to cover their first 14 days at the prison. Vape packs and basic grocery packs were also available to new arrivals.

3.4 New prisoners were located in whichever wings had space. Empty cells we saw were clean and equipped appropriately for occupancy. There was little consideration of first night vulnerabilities, and we were not confident that all new prisoners received a first night safety interview. Night staff we spoke to did not carry out any routine additional safety checks and there was no formal first night policy. We were told that Insiders (prisoners who introduce new arrivals to prison life) were on hand to help settle in new prisoners, but this was not the experience of some recent arrivals we spoke to, and only 23% of respondents to our survey said that they had received support from another prisoner before they were locked up on their first night.

3.5 Induction started on the day after arrival. This consisted mainly of the requirement to sign a range of behavioural compacts, a familiarisation

tour given by an Insider and the issuing of an information booklet. There was no assurance process to gauge understanding, and only 45% of our survey respondents said that induction had told them all they needed to know about the prison.

Managing behaviour

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

Encouraging positive behaviour

3.6 There had been 118 assaults at the prison in the preceding 12 months, a relatively low figure, and a finding similar to that seen at our previous inspection, although it was the highest amongst comparable prisons. Data suggested some rise in prisoner-on-prisoner assaults offset slightly by a fall in assaults against staff. Few incidents were recorded as serious.

3.7 The oversight and promotion of violence reduction was weak. Although there was some understanding of individual incidents that had happened, the data considered by the poorly attended safety meeting was quite limited. An action repeatedly set by the meeting, for example, to complete a safety analysis had not been delivered. There was no violence reduction strategy, and the action plan retained by the prison was not up to date.

3.8 There were eight peer safety representatives at the time of the inspection. They were enthusiastic and most felt well supported by the safer prison team. Peer representatives had consulted prisoners about their perceptions of safety and confirmed the prison's concerns about an increase in (mainly low-level) antisocial behaviour, but action taken by the safety meeting in response had been very limited.

3.9 The challenge, support and intervention plan (see Glossary) process for managing perpetrators and victims was not operating effectively. It had been relaunched earlier in the year and investigations following a referral were usually completed in a timely manner. However, they were not thorough enough to provide more useful insights. Plans were not tailored to the individual and were often closed without any progression updates. Leaders had, however, completed a self-assessment and developed an appropriate action plan to improve the process, which was encouraging.

3.10 There were limited incentives to encourage positive behaviour. At the time of the inspection, 62% of prisoners were on the enhanced level of the incentives scheme, 3% on the basic level and the remainder on the standard level. There was little difference between the standard and enhanced levels to encourage prisoners to progress, and in our survey

only 43% of respondents said that the incentives scheme encouraged them to behave well.

Adjudications

3.11 There was evidence to suggest some reduction in the use of formal disciplinary procedures and records indicated that hearings were generally managed well. Since the last inspection, there had been an improved focus on understanding adjudication trends and quality assurance of hearings. Although attendance remained variable at the quarterly adjudication standardisation meetings, a reasonable level of data analysis was undertaken. Adjudication tariffs were discussed and adapted, if necessary, to reflect risks to the good order of the establishment. The deputy governor conducted monthly quality assurance checks of around 10% of adjudications. This feedback was discussed at the meetings and was leading to some improvements in practice.

Use of force

3.12 The number of recorded uses of force had increased, with 238 incidents in the previous 12 months, compared with 185 in the same period before the previous inspection. Most incidents were spontaneous and unplanned.

3.13 During the last 12 months, batons had been drawn on four occasions and used once, and PAVA spray (see Glossary) had been used once. All incidents had been reviewed by the deputy governor and had identified some lessons to be learnt.

3.14 Management scrutiny of incidents had improved; all documentation and closed-circuit television footage was viewed by a use of force coordinator, the head of safety and the deputy governor collectively. A further quarterly meeting, attended by a limited number of senior managers, but chaired by the deputy governor, considered detailed analyses of incidents and scrutinised a further 10% of incidents. Good practice was identified and appropriate action was taken when learning points were raised.

3.15 Video recordings we viewed showed that planned interventions were handled competently and calmly. Paperwork was mostly up to date and prisoners were usually debriefed following an incident. However, some use of force paperwork we looked at had insufficient detail.

3.16 New and improved body-worn cameras were available to all frontline staff and activation to capture the lead-up to an incident was improving. The prison had developed its own body-worn camera training awareness session for staff, which included analysis of footage of an incident that had happened at the prison and showed the effectiveness of capturing evidence.

3.17 Special accommodation had not been used during the year leading up to the inspection.

Segregation

3.18 F wing was divided into the segregation unit, consisting of 18 cells, and the similarly sized close supervision centre (CSC; see Glossary). Although the CSC will be part of a more detailed estate-wide inspection of similar facilities at a later date, we were assured during the inspection that the unit was a well-managed facility. The CSC was managing some of the most challenging men in the prison system in a way that minimised the risks to others but offered prisoners the possibility of progress.

3.19 The segregation/CSC unit was among the oldest buildings at the prison and was showing signs of wear, with water ingress in some stairwells and rooms, leading to damp in walls and floors. Communal areas were clean and the austere nature of the environment was softened by bright decoration and pictures on the walls. Although clean and reasonably well equipped, segregation cells were often shabby and in need of redecoration.

Segregation landing

3.20 The segregation unit was managed by a dedicated team of well-trained staff. Relationships between the staff and prisoners located there were good. Prisoners we spoke to were positive about the care and support they received on the unit and they clearly engaged with staff routinely.

3.21 All cells on the ground floor were equipped with an inner secure gated door, providing a secondary barrier between staff and prisoners. This also enabled staff to maintain a face-to-face dialogue with sometimes violent or disruptive prisoners, rather than speaking to them from behind a solid cell door. This seemed helpful to the quick de-escalation of incidents.

Segregation cell inner gated door

3.22 There were 12 prisoners segregated at the time of the inspection, 11 of whom were being held under Rule 45 (good order and/or discipline) and one was serving a period of punishment. Of those on Rule 45, the average length of stay was more than five months, with the two longest stayers having been held there for over a year. During the previous six months, 37 prisoners had arrived onto the segregation unit, with a similar number moving off.

3.23 Most prisoners being held were refusing to leave segregation and had transferred into the establishment following long periods of segregation at other locations within the long-term and high-security estate. Although some cases appeared to be intractable, formal reintegration planning was not routine and we were concerned at these overall long periods of segregation. Segregation review meetings were well attended, and we observed some robust challenge of refusals to locate onto normal location, with prisoners given every opportunity to address their concerns about ending their long-term segregation. Records showed that most prisoners located on the segregation unit from Wakefield itself had relatively short stays there and were then reintegrated back to normal location.

3.24 The regime for segregated prisoners was minimal and consisted of daily access to a telephone, an hour's solo exercise on one of the small,

caged yards and in-cell education (on request). Access to showers was inadequate, with only three showers offered a week. Prisoners who behaved well were able to collect lunchtime and evening meals from the landing hotplate rather than being served at their door.

Segregation unit exercise yard

3.25 The overall management of the segregation unit was good and managers were on-site regularly, offering a good level of support. Monitoring was effective, with a wide range of data collated and reviewed. A quarterly monitoring group met to discuss findings from the data, but attendance from some other key functions within the prison was sometimes limited.

Security

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

3.26 Physical and procedural security arrangements were rigorous, proportionate and consistent with the needs of one of the highest-security prisons in the country. However, some elements of the physical security would have benefited from being updated, such as the CCTV.

3.27 A well-resourced security team processed a good flow of security information efficiently and there was no backlog at the time of the inspection. The team used a comprehensive intelligence assessment to

respond to new and emerging threats, identify risks and set appropriate security objectives to maintain a safe environment. The well-attended monthly security meetings were used well for discussing and disseminating an intelligence brief that included the agreed security objectives.

3.28 A dedicated team managed counterterrorism. There were effective systems to manage extremism and the team had good working relationships with the offender management unit and other departments.

3.29 Effective random mandatory drug testing had re-started in April 2022 and the positive rate was low, at 2.1%. Most suspicion tests were completed in a timely manner, with a good positive rate. However, the drug supply and demand strategy was not up to date and there had only been one meeting held in the current year.

Safeguarding

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

Suicide and self-harm prevention

3.30 There had been five self-inflicted deaths since the previous inspection, including one in the previous year. Four of these occurrences had been fully investigated by the Prisons and Probation Ombudsman, and action plans had been developed to implement the resulting recommendations. Responsive actions, consisting mainly of the (re)issuing of instructions to staff, had been undertaken, but there was insufficient oversight of ongoing compliance with these.

3.31 Levels of self-harm in the previous year were far higher than in the same timeframe before the previous inspection. They were, however, lower than the average for similar prisons and had been on a downward trajectory during this time. There had been 14 serious self-harm incidents in this period.

3.32 Oversight of suicide and self-harm prevention work was underdeveloped. Minutes from weekly safety intervention meetings showed good coordination between functions towards the provision of support for individual prisoners. However, there was minimal interrogation of data to understand drivers and trends, and there was no suicide and self-harm prevention strategy. After a hiatus during the pandemic, investigations of incidents of serious self-harm had resumed earlier in the year. However, while they provided a roadmap for the future care of the prisoners concerned, they did not always explore whether there were lessons that could be learnt that might inform the care given to other prisoners.

3.33 A total of 152 assessment, care in custody and teamwork (ACCT) case management documents had been opened in the last six months, which was far higher than the number in the same period before the previous inspection. This broadly mirrored the increase in levels of self-harm. There were 11 ACCTs open at the time of the inspection. Support for prisoners in crisis and those on ACCTs was generally good, although in some cases care plans lacked meaningful targets for prisoners, thereby limiting their usefulness. ACCT case reviews were often attended by members of the mental health team, but in many instances their contribution was limited by the fact that many prisoners were not yet receiving treatment because they were waiting for assessments.

3.34 There were 23 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) located across the wings. While they supported those in crisis during the core day, Listeners (and other prisoners) indicated that staff were not always willing to provide access to them during periods of lock-up, particularly in the evenings and at night.

Protection of adults at risk (see Glossary)

3.35 The prison's adult safeguarding arrangements were reasonable. Referrals could be made to safer custody staff and there was evidence of good communication and cooperation between departments.

3.36 There was also good cooperation with the local adult safeguarding board, which had a prison subgroup. This group deliberated about specific cases, which could be escalated as necessary for referral to, and consideration at, the full meetings of the board.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 In our survey, most respondents said that they were treated respectfully by staff, had a member of staff to turn to if they needed help and had a named key worker (see Glossary).

4.2 Key work was delivered regularly. The electronic case notes we reviewed showed that some exceptional support and encouragement had been provided. This included some intensive contact to support difficult prisoners to remain on normal location, with some appropriately short-term targets in place which were then reviewed and developed accordingly. Others reflected the extremely long sentences being served, with longer-term overall goals being set by offender managers and, not unreasonably, short but regular catch-up interviews being undertaken by key workers. There were also frequent ad-hoc general case note entries documenting the daily lives of prisoners.

~~4.3~~ Staff displayed an impressive level of knowledge of those in their care. Most interactions between staff and prisoners that we observed were cordial and helpful.

Daily life

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

Living conditions

4.4 Living conditions across the prison were good, with all prisoners living in single cells. Cells were well equipped, with sufficient furniture, curtains and lockable cupboards for securing private items and in-possession medication. We were impressed by the level of cleanliness and general order of almost all the cells we checked. Toilet screens were now available to all. Prisoners expressed their frustrations at the lack of kettles, as a result of the ageing electrical system, which left almost all of them reliant on flasks filled from hot water boilers on landings.

Residential cell

4.5 Access to showers was good, with 90% of survey respondents saying that they could shower daily. These were generally kept clean and in good order and were appropriately screened.

4.6 External areas across the site were well maintained, and internal communal areas were kept clean and in good order by the many wing cleaners.

Wing communal area

4.7 In our survey, most respondents said that they normally had sufficient clothes, bedding and cleaning materials every week. All prisoners could wear their own clothes and, although some equipment had been out of order for some time, wing laundries ensured at least a weekly wash of clothing. Bedding could be exchanged weekly at kit stores on each wing.

4.8 Stored property could be accessed by application; there was a system to process applications and deliver requested items to the wings on a daily rota basis. Although our survey results in relation to access to property were poor, conversations with prisoners about this view indicated that this was more a reflection on the items permitted to be held in-cell than the timeliness of responses to requests.

4.9 Managers monitored the responses to cell call bells and we saw none going unanswered during the inspection. However, in our survey only 32% of respondents said that these were responded to within five minutes.

Residential services

4.10 A four-week menu cycle provided a wide range of food and always included a healthy option. There was good cross-function liaison with other areas of the prison and many special medical diets and religious festivals were catered for (see also paragraph 4.39).

4.11 The large kitchen was clean and well run, with prisoners working effectively in small teams to produce the meals. Most of the catering equipment was functioning, but some key equipment had been out of order for some months. All those involved in food preparation and

service were appropriately trained and most wore suitable personal protective equipment. Food serveries and trolleys were among the cleanest and most well maintained we have seen.

4.12 Consultation with prisoners about the food was good and this was a standing agenda item at the prisoner council.

4.13 Food continued to be served too early at weekends, leaving long gaps between meals. We found the evening meal to be unnecessarily left out on hotplates for long periods before service; this was rectified during the inspection.

4.14 Prisoners on all wings had access to well-maintained cooking facilities, but they complained that these were available for only a relatively short time during the week. Demand was high and we were not confident about equality of access.

4.15 Access to the prison shop for new arrivals could take as long as 13 days, which was unnecessary, given how few new arrivals were received and the proximity of the on-site DHL workshop where shop orders were processed and packed.

4.16 The range of goods available was extensive and supported the self-catering arrangements on the wings. Prisoners could access an impressive range of catalogues. Consultation was good and items were added or removed following requests from wing representatives. In our survey, 60% of respondents said that the shop provided the things that they needed. Throughout the inspection, prisoners, especially those waiting for jobs, complained at wages not keeping pace with the ever-increasing price of goods.

Prisoner consultation, applications and redress

4.17 Consultation arrangements were good and there were examples of action being taken to address issues raised by prisoners. An effective, well-run prisoner council meeting, chaired by the deputy governor, was held every two months and ran alongside monthly wing forums. Other departmental consultation meetings also took place, such as about improving the incentives scheme (see also paragraph 3.10).

4.18 Prisoner applications were not answered in a timely manner. Although a system for monitoring responses to applications had been introduced since the previous inspection, many were not logged as returned. In our survey, 81% of respondents said that it was easy to make an application, but only 32% said that they received a response within seven days.

4.19 Complaint forms were freely available on all residential units and 67% of respondents to our survey said that it was easy to make a complaint. The number of complaints submitted had reduced.

4.20 Records indicated that 3,711 complaints had been submitted in the last 12 months and was on a downward trajectory, compared with 4,264 in the same period before the previous inspection.

4.21 Responses were mostly timely, but the quality varied and not all addressed the issue raised. In our survey, only 24% of respondents said that complaints were dealt with fairly. Monitoring and quality assurance were completed by middle managers and action was being taken to address the improvements needed in the responses.

4.22 Prisoners had good access to legal services. 'Access to justice' equipment was available for legal work, along with a room with legal texts and materials available for prisoners in the library. Legal visits took place five days a week, using both face-to-face meetings in private rooms and video-link for remote access. Video-link facilities were also available on F wing (the segregation and CSC unit).

Equality, diversity and faith

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

Strategic management

4.23 A dedicated manager, supported by an officer, coordinated equality work, but the latter was often redeployed to other tasks. Although other managers were tasked to champion specific protected characteristics, little meaningful work had been undertaken by them in the last year.

4.24 Oversight of equality and diversity was underdeveloped and the prison had no overarching strategy to guide this work. Although there was an action plan, it consisted of only a few items that had been gathered from consultation with prisoners. Prisoner equality action group (PEAG) meetings, chaired by the governor, brought together managers from relevant functions. Since earlier in the year, these had been taking place quarterly, having previously been held every two months. The decision to reduce the frequency of these meetings had been taken because they had not been found to be useful. However, it was clear that a major reason for the limited value of these meetings was that the data presented were rudimentary, so it was not possible to use them to identify any disproportionalities.

4.25 Highly motivated and capable prisoner equality representatives, located on each of the wings, supported prisoners and raised issues of concern.

4.26 The number of discrimination incident report forms (DIRFs) submitted had increased. There had been 64 considered in the previous six months, compared with 35 in the same time period before the previous inspection. Initial screening to ensure that the use of a DIRF had been appropriate was carried out, but we found instances where DIRFs had been screened out incorrectly. Most commonly this was because there

had been insufficient scrutiny to establish whether a discriminatory element was present.

4.27 We found that most DIRFs that passed the screening process were well considered, with adequate responses provided. There was robust quality assurance by the equality manager, deputy governor and, more recently, the Zahid Mubarek Trust, the specialist external agency. Equality representatives also reviewed and fed back on samples of DIRFs and those that had been screened out.

Protected characteristics

4.28 Forums to consult prisoners with protected characteristics had been suspended during the COVID-19 pandemic, but had resumed earlier in the year. However, only a few had taken place for most groups.

4.29 Twenty-three per cent of prisoners were from a black and minority ethnic background. Our survey showed that respondents in this group had more negative perceptions in many areas, including in relation to safety, relationships with staff, encouragement to attend education, skills and work, and help to achieve their objectives or targets. This was reflected in our conversations with many black and minority ethnic prisoners during the inspection. They perceived a lack of cultural awareness on the part of the predominantly white work force. The prison was aware of some of these negative perceptions, which it had gathered from its forums with this group; however, in part, because of the limitations in data analysis (see above), it had done little to explore or address them.

4.30 Provision for foreign national prisoners was reasonable. There was an assigned officer to support them and coordinate their care with other prison departments, and each wing had a foreign national prisoner representative. An assigned officer and prisoner representatives provided support and an immigration official undertook surgeries every three months. There was good use of interpreting and translation services, although not all documents that would be important to prisoners were translated.

4.31 In our survey, 42% of respondents said that they had a disability. Prisoners with physical disabilities generally received good support. One of the wings had more spacious cells with in-cell showers. Well-supervised peer supporters helped prisoners with disabilities and were appropriately trained to undertake the tasks expected of them. The equality team had good links with health care staff, to make sure that equipment was provided to those who need it. However, the lift on one of the wings had been out of action for several years, and on another wing was prone to frequent breakdowns. This limited access to a full regime for prisoners with disabilities on these two wings.

4.32 There was good provision for neurodivergent prisoners. The prison had achieved Autism Awareness accreditation shortly after the previous inspection. It was using a multidisciplinary approach to support prisoners with learning disabilities and those identified with autism

spectrum disorders. A locally designed information sharing scheme, called 'This is Me', provided staff with information on these prisoners' needs, triggers that might cause distress or sudden changes in behaviour, and how they could be supported. The Mulberry unit accommodated and supported a small number of prisoners with autism who struggled to live on normal location within the long-term and high-security estate.

4.33 Just under 40% of prisoners were aged 50 or over, but during the restricted regimes imposed during the pandemic, provision to meet their needs had effectively stopped for prolonged periods. Aspects of this support, such as dedicated gym sessions, had restarted in recent months. It was intended to unlock retired prisoners during the core day, but, as a result of staff shortages, this only took place in the mornings. During the inspection, the prison introduced dedicated peer workers to work with older prisoners, with the intention of encouraging the latter to engage with on-wing activities such as games. However, the peer workers had little insight into what was expected of them.

4.34 Just over 11% of prisoners were aged under 30. As the number of younger prisoners had been small, specific provision for them had been limited, although the prison was planning to increase this. It had carried out consultation forums with these prisoners which had provided insights into their perceptions and needs. However, at the time of the inspection this had not been followed up and planning was at an early stage.

4.35 LGBT forums had taken place and had highlighted a desire for members of these communities to be able to socialise together, which had not yet been addressed. Support to meet the need of transgender prisoners was reasonable. Case review boards brought together staff from different functions to make sure that they received the support they needed and there was good provision of suitable clothes and make-up. Support to non-binary and gender-fluid prisoners was more ad-hoc and was not always as prompt as that provided to transgender prisoners.

Faith and religion

4.36 The chaplaincy was a good source of support, and was accessible and well regarded by prisoners. In our survey, 66% of respondents said that they could speak to a chaplain of their faith in private, and 87% that they were able to attend religious services.

4.37 The team was currently without a managing chaplain and had experienced previous staffing challenges. However, there were now chaplains to cover nearly all faith groups, and efforts were ongoing to recruit staff for those not represented, such as Buddhist, Sikh and Hindu. The chaplaincy had a strong multi-faith ethos. It worked hard to fulfil its statutory duties and provided good care and pastoral support, including for those in crisis or needing bereavement counselling.

4.38 The Muslim chaplain had a key role in challenging extremist ideologies purported to be based on religious belief and offered one-to-one sessions to prisoners on the true meaning of the Islamic faith.

4.39 Prisoners could attend weekly corporate worship, study classes and a growing programme of social events. The chapel was clean, warm and bright, and the smaller multi-faith room was functional. An annual programme of major festivals was celebrated, including good links with kitchen staff to cater for a range of religious menu choices (see also paragraph 4.10).

The chapel

Health, well-being and social care

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

4.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC identified three regulatory breaches.

Strategy, clinical governance and partnerships

4.41 Practice Plus Group (PPG) provided or subcontracted the health provision and Time for Teeth provided a dental service.

4.42 Governance and partnership structures were in place and demonstrated an understanding of the key risks to prisoners. However, credible plans to mitigate these were inadequate in some areas, especially relating to embedding service improvements, waiting times and effective medicines access.

4.43 Inadequate staffing levels and cross-deployment of nurses into medicines administration were having a negative impact on outcomes for patients in most areas of the health provision. Staff in-post were working hard to cover gaps in the service.

4.44 There was a confidential complaints procedure that was accessible on the wings through the peer workers. The lack of staff made response times slow, as patient-facing staff were investigating and responding. Responses were logged and monitored, mostly addressed the problems and were apologetic. However, the credibility of the system was compromised by the number of recurring complaints, particularly in regard to concerns about pain management, access to a GP and mental health services, and the timely availability of medicines.

4.45 Datix, the incident reporting system, was used to report incidents, and these were reviewed by managers. However, there was substantial under-reporting. We found that issues raised in complaints were not always recorded as incidents on Datix, particularly in regard to accessing medicines. The lack of oversight and understanding of medication incidents by pharmacy managers carried unknown risks.

4.46 There had been 41 deaths from all causes since the previous inspection, which was high. There were clear action plans to address the recommendations made by the Prisons and Probation Ombudsman (PPO). However, there was a large number of repeat recommendations, indicating that actions to mitigate risk were not embedded and carried an ongoing risk of reoccurrence.

4.47 Staff training was mostly acceptable, with outstanding training being mainly for new starters. Supervision and protected time for reflective practice were not consistent or being recorded.

4.48 We saw evidence of regular prisoner consultation about health matters, but the issues raised were not being resolved.

4.49 The rooms used to deliver health services had shown some improvements since the previous inspection, such as renewal of the dental surgery and replacement of the flooring in some rooms, but some areas remained poor.

4.50 Appropriately equipped emergency response bags were in place and checked regularly, and health care staff provided an appropriate response to medical emergencies around the prison. All medical equipment was calibrated each year by an external contractor.

Promoting health and well-being

4.51 PPG conducted regular health promotion campaigning in line with the national health promotion calendar, with Midlands Partnership Foundation Trust (MPFT) contributing mental health and substance misuse components. Despite the absence of a prison strategy for well-being, health promotion activities were well coordinated with the gym and kitchen.

4.52 New patients were given clear introductory information on health services. This information and health promoting materials were displayed at medication hatches in the hub and in the health centre.

4.53 There was a credible strategy to introduce peer health champions in 2023. Some health information was channelled through existing wing health care representatives.

4.54 Health care screening had been enhanced with testing for blood-borne viruses (BBVs) at reception, which had already led to the treatment of silent disease in several patients. National programmes such as abdominal aortic aneurysm and bowel cancer screening were well managed by the administration team. Prisoners needing retinal screening were waiting too long for this, although additional clinics were arranged to reduce the backlog.

4.55 Sexual health services and BBV care were led by an advanced nurse practitioner. She had back-up from the GPs and hospital specialist sexual health services, as required. Chlamydia screening was available, and also condoms – an improvement since the previous inspection.

4.56 Age-appropriate immunisations and vaccinations were offered, although, as a result of staff shortages, delivery was not timely, with the exception of the recent influenza vaccination programme. A COVID-19 vaccination booster rollout was about to start.

4.57 The PPG policy on assertive management of outbreaks of communicable diseases was available to staff. Unusually, in meetings nurses regularly referred to aseptic techniques, which demonstrated their understanding of these.

4.58 Senior nurses and advanced nurse practitioners (ANPs) led on the care of older patients, many of whom had complex medical problems. Smoking cessation advice was available on an individual basis. Patients being released received relevant harm minimisation advice and supplies.

Primary care and inpatient services

4.59 New arrivals received comprehensive primary and secondary screening, which included an assessment of their physical and mental health and onward referrals to other health professionals within the required timeframe. Prison and health care staff shared information relating to risk appropriately. Staff obtained consent from patients to access their clinical records in the community.

4.60 An appropriate range of primary care services was available. However, waiting times were often too long, and between September and October 2022, 47 primary care clinics had been cancelled. In our survey, only 22% of respondents said that the overall quality of the health service was quite or very good.

4.61 A GP was available on Mondays and Tuesdays, and ANPs all week. The wait for a routine GP/ANP appointment had been between eight and 14 weeks in recent months, but appeared to have improved more recently. Urgent appointments were accommodated daily, but the wait for an urgent GP appointment could be delayed for up to five days, which created an over-reliance on the ANPs. In our survey, only 12% of respondents said that it was easy to see the doctor.

4.62 Staff accessed out-of-hours GP services through the provider's regional resources and the national 111 telephone service. There was a range of visiting practitioners and allied health care professionals, including a physiotherapist, podiatrist and optometrist, and waiting times for these were not excessive.

4.63 There was an effective system for managing health care appointments. However, applications for appointments were not triaged quickly, which meant that there were delays in identifying risks to patient safety. Non-attendance rates for appointments were low.

4.64 Most patients with long-term conditions received adequate care. However, not all long-term conditions had a clinical lead to maintain oversight of care and performance. Although managers had identified this as a risk and had put some actions in place to mitigate it, gaps remained, including in cardiology, respiratory diseases and spirometry. Patients with long-term conditions were regularly invited for review. Most care plans for such patients were not personalised and were of poor quality.

4.65 There were suitable arrangements to care for prisoners with palliative care needs when the need arose. Staff used the gold standard framework to meet the needs of patients and met regularly, including with a consultant from a local hospital, to discuss individual cases. However, not all such patients had a care plan to reflect their diagnosis and needs. The prison had a dedicated end-of-life suite available on the inpatient unit.

4.66 Patients had access to secondary care, with the administration team monitoring the progress of referrals effectively. In addition, several screening programmes and medical investigations took place at the prison, including MRI scans and X-rays. Telemedicine appointments were used, reducing the demand on external hospital escorts.

4.67 Prison and health care staff took a coordinated approach towards patients' discharge, which included a pre-release assessment and registration with a community GP practice.

4.68 The inpatient unit could accommodate up to seven patients. There were no formal admissions criteria, which permitted non-clinical admissions. The unit supported patients with physical, mental health, social care and palliative care needs.

4.69 The environment on the inpatient unit was non-compliant with infection control and prevention standards and was neither therapeutic nor suitable for delivering care. Nursing staff had one room from which to administer medicines, undertake physical observations and speak confidentially to patients.

4.70 Patients received a comprehensive assessment of their care needs on arrival and a regular risk assessment of their physical health needs, informing the care they received. Care plans had been developed for patients; these reflected their identified needs and were personalised.

Social care

4.71 A detailed memorandum of understanding was in place between the establishment and the local authority. The latter remained responsible for assessments and there was a single point of contact for both the prison and the domiciliary care provider, PPG. Oversight was provided at the local delivery board, and regular meetings had been established to discuss social care in prisons in the area.

4.72 Not all prisoners who had been referred to the local authority for assessment of their needs had a care plan to support them in the interim, although care was provided. For those with a social care package (see Glossary), care was recorded on patient clinical records, but not all plans were personalised and the ones we viewed lacked detail. It was difficult to track when an assessment had been completed, and the outcome from this, and the local authority did not have access to patient records, limiting external scrutiny. Care was delivered on the wings and in the health care centre.

4.73 Prisoners who did not meet the threshold for domiciliary care were provided with some low-level care by fellow prisoners, who were selected, with their risk reviewed, by the prison equality team. They received training and ongoing engagement to support them in their role. To strengthen this, each prisoner signed a compact to acknowledge their responsibilities, detailing the support they should and should not provide.

4.74 Prisoners had access to aids and adaptations to help them in activities of daily living; these were provided in a timely way, to meet immediate needs. Those with mobility or communication difficulties had access to mobile pendants, and in an emergency could summon help from prison staff.

4.75 In addition to social care, a pilot project focusing on frailty in the prison had started. Although this project was in its infancy, it was a positive initiative for meeting the wider needs of an ageing population within the establishment.

Mental health care

4.76 PPG provided mental health care and subcontracted MPFT for psychiatry and psychology services. The mental health team skill mix did not provide an adequate range of interventions and treatment. As a result of minimal staffing levels, only core tasks and risks were being managed on a day-to-day basis, rather than the commissioned stepped care model, and the psychiatry and psychology provision did not meet the needs of this highly complex population. The meagre one day a week of psychology input had been cross-deployed to another site, which meant that too few prisoners were identified for care, and those who were had to wait up to one year and 10 months. The lack of an assistant psychologist had created a further gap for potential early intervention options.

4.77 Mental health referrals were made for new arrivals electronically. There were two mental health nurses available each day. The duty worker was required to administer medicines in the segregation unit twice a day, which was a protracted process as a result of prison restrictions. They also attended the daily reviews of those on assessment, care in custody and teamwork (ACCT) case management procedures and for those held in isolation in the segregation unit. The second nurse on duty undertook the referrals screening, which meant that there was little capacity available for providing planned care for patients.

4.78 The number of referrals to the team was high because of the lack of early interventions. The psychiatrist was available one day a week, which was not adequate to meet needs, and there was no cover during periods of leave. At the time of the inspection, the psychiatrist had eight acute assessments waiting and a further eight new patients to assess. New patients were waiting up to 10 weeks to be seen. This was in addition to his caseload of over 50 patients. This limited opportunities for ongoing assessments and diagnosis, particularly for complex cases such as those held in the segregation and the close supervision centre (see Glossary).

4.79 Prisoners on an ACCT were not seen between multidisciplinary team reviews, despite some feeling suicidal, and not all had crisis intervention plans or risk assessments. This carried risks and was not in line with PPO recommendations.

4.80 Clinical records for those on mental health team caseloads were good. However, the care programme approach (which ensures that patients with mental illness receive continuity of care) was not always used for those with severe and enduring mental health problems. Thresholds for case management were high, as a result of the lack of staff.

4.81 There was a dementia pathway via the GP. At the time of the inspection, 12 prisoners were being treated for attention-deficit hyperactivity disorder, and several prisoners with autism were being managed well, using ‘This is Me’ plans (see also paragraph 4.32) to inform the prison officers supervising them.

Substance misuse treatment

4.82 PPG contracted the MPFT Inclusion team to deliver drug and alcohol recovery services. They worked with PPG clinicians and relevant prison departments to ensure safety and coordinate activities.

4.83 Few operational staff had received bespoke substance misuse training. There was no recent health needs assessment, but patients' needs were being met and they told us that they valued the service.

4.84 All new arrivals were screened by Inclusion within five days, and fully assessed within 10 days, which minimised risks. A small team of well-trained, -supervised and -seasoned recovery workers provided good psychosocial services via one-to-one and group interactions. About 125 prisoners were in receipt of care.

4.85 Participants in the recovery group we observed found it supportive. The team used high-quality printed materials to engage patients.

4.86 PPG clinicians prescribed individualised and flexible opiate substitution therapy (OST) for 15 patients. Integrated working was good, with recovery workers joining clinicians and patients at 13-week reviews. Patients with both mental health and substance misuse issues received meaningful integrated care. Those we spoke to were satisfied with their treatment. The recovery plans and clinical notes we sampled were of good quality and audited regularly.

4.87 Patients being released were given harm minimisation advice and naloxone (to reverse the effects of opiate overdose) as clinically indicated. They were introduced to community drug services and had safe arrangements for OST to continue.

Medicines optimisation and pharmacy services

4.88 Medicines were supplied by the prison's on-site pharmacy. This had faced staffing challenges, which had had an impact on the efficiency of delivery of pharmacy services. The pharmacy technicians worked well with nurse colleagues when administering medicines and dealing with queries. Prisoners had no direct access to the full-time pharmacist for support with their health care needs and many were taking a large number of medications, and would have benefited from a medicines review.

4.89 Approximately 75% of prisoners had all or some of their medication as in-possession (IP). The IP policy was up to date. Risk assessments were completed for each individual and reviewed every 12 months, or sooner if their circumstances changed. Spot checks of medicines stored in cells had recently been introduced. IP medicines were supplied from Monday to Friday from a separate hatch, but the allotted time for this was not adequate, resulting in frequent delays. Many other prisoners also experienced delays with receiving their medication, as a result of it not arriving from the pharmacy or hold-ups in the prescribing process. Many raised concerns with the pharmacy team about these delays. The

pharmacy did not record these incidents, to review them and take appropriate action.

4.90 Supervised medicines administration took place at 8am and 5pm from a treatment centre linked to all four wings. Prisoners were routinely asked for proof of identity before their medication was supplied. Medicines were handed to them from a large hatch. Controlled drugs were now administered from the same area, which meant that more staff were needed and there were more prisoners in attendance, creating a very busy environment.

4.91 There was out-of-hours provision for certain medicines, such as antibiotics, which were kept in a dedicated cupboard. Medicines were labelled correctly, but there was no audit trail of those used. An up-to-date minor ailments protocol enabled prisoners to receive medicines such as paracetamol from a limited list. All medications supplied were recorded on patient records, but not all missed doses were recorded in sufficient detail. Not all prisoners transferring out of the prison had enough medication, but the supply was effective for those released.

4.92 Medicines, including controlled drugs, were generally stored appropriately in the main treatment room and pharmacy. However, as at the time of the previous inspection, another administrative point had unsecured storage and we observed unsafe transport of some medicines.

4.93 The refrigerator temperature records showed some readings outside the accepted range and there was no evidence that actions had been taken to address this.

4.94 There was a range of procedures and guidance, and the pharmacy team completed online training modules regularly. A member of the pharmacy team attended the daily handover meeting with the health care workers and fed back key points to the pharmacy team. The prescription of medicines liable to be misused was monitored.

Dental services and oral health

4.95 The quality of dental provision was good, but access was poor, with a cumulative wait for examination and treatment of up to nine months, which was too long. Dental clinics were available on three days a week, with a combination of dental examinations and treatment being undertaken by a therapist or dentist. The wait to get an initial assessment was five months. At this appointment, unless it was an emergency, an initial examination was carried out, and a treatment plan put in place. It took a further 24 weeks for this plan to start.

4.96 Once a plan had started, patients were seen regularly until all treatment had been completed. A full range of dental interventions was available, including root canal treatment and the fitting of dentures.

4.97 Health promotion was undertaken at the time of appointments and leaflets were available on the wings.

4.98 The details of prescribed medicines were recorded on patient clinical records, and emergency drugs were available in the surgery.

4.99 The dental suite was new and had recently been replaced. The room next door was now a decontamination room, with all new equipment infection prevention and control compliant. Not all installation certificates were available during the inspection. Staff we spoke to felt supported and undertook mandatory training and supervision.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 In our survey, few prisoners reported spending less than two hours a day out of cell during the week and at weekends. We calculated that those in full-time employment could expect up to around nine hours a day out of their cell, but for others, and especially for the many unemployed prisoners, this could be as little as three hours. The weekend regime was better than we normally see and most prisoners could expect to be unlocked for around seven hours each day.

5.2 The regime generally ran to time and the regular 90-minute evening association period was a welcome part of the core day, especially for those who were fully employed.

5.3 Exercise periods on the relatively small and bare yard were still too short, at just 30 minutes. Despite most survey respondents saying that they had regular access to outside exercise, few prisoners chose to use it – we observed an average of only around 55 on the yard each day during the inspection.

Exercise yard

5.4 During our roll checks, we found almost half of the population locked up during the working day, which was too many, and much worse than at the previous inspection. There were plans to increase the amount of available work (see section on education, skills, and work activities), but a lack of workshop instructors and the poor physical condition of workshop buildings were a barrier to improvement.

5.5 In our survey, around three-quarters of respondents said that they were able to visit the library at least once a week, which is much more than we usually see. It was conveniently located in the education department, with ease of access from the main wings, and the prison's data showed that it had more than 1,000 visits a month. It was well staffed by two enthusiastic librarians, with a team of 10 orderlies and general assistants.

5.6 The high and increasing number of users mostly accessed the library during a weekly slot during evening association, although there was also a timetable for visits during the day. However, prisoners told us that time in the library was too short as they often had only around 20 minutes to borrow books, and little opportunity to browse. Prisoners we spoke to in the segregation unit said that they had a good supply of books delivered to them.

5.7 The library was well stocked, with materials that met the needs of a wide range of readers, including in foreign languages and 'quick reads' for emergent readers, and books could also be ordered. There was an extensive collection of CDs, DVDs and audio books, and also music scores that could be borrowed. Although there was some relaxed

seating available, there was little space or facility to study or conduct research.

5.8 The librarians coordinated Storybook Dads (whereby prisoners record stories for their children) and the Shannon Trust scheme (see Glossary), and other initiatives to promote reading, including wing book groups and a 'Hooked on Books' reading challenge, were being launched.

5.9 The well-equipped gym was popular and most sessions, including evening sessions for workers, were well used. All areas had been redecorated since the previous inspection and the equipment was in good order. There was no outdoor facility, following damage to the full-sized, all-weather pitch during remedial groundworks.

Out-of-use sports field

5.10 In our survey, only 31% of respondents said that they used the gym regularly, despite PE staff using a wide range of data to target non-attendance.

5.11 Links to the health care department were good and there were regular sessions to support rehabilitation from injuries and illnesses. Similarly, sessions were provided for older prisoners and 'quiet' sessions for those on the Mulberry unit.

5.12 An accredited active healthy living course ran daily, providing qualifications at National Vocational Qualification levels 1 and 2. The courses were popular and participants enjoyed learning to run sessions and to clean and maintain equipment.

5.13 All newly arrived prisoners undertook the comprehensive gym induction, where they were trained in manual handling and the British Heart Foundation 'Heart Start' emergency resuscitation package of life-saving skills.

Education, skills and work activities

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

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

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

5.15 Leaders had established a clear strategy to ensure that the education, skills and work curriculum supported prisoners serving long sentences. The strategy focused on providing these prisoners with opportunities to gain the knowledge and skills they needed to settle and make progress with their careers while in custody.

5.16 The pay policy incentivised participation in education and activities in a way that enabled the prisoners who chose to engage to make progress in their planned career. Through the education and training they received, most prisoners had the opportunity to develop good knowledge, and technical and work-related skills. Those who were motivated and able could progress to roles of responsibility, such as mentors; information, advice and guidance (IAG) workers; or classroom

assistants. However, those allocated to work on their wings were underemployed as they did not have enough work to keep them fully occupied during the working day.

5.17 The education, skills and work curriculum met the needs of most of the prisoners who could access it. However, the curriculum in education classes was not always ambitious enough to meet the needs of prisoners with higher prior attainment. A small number of prisoners was taking Open University or other distance learning courses at higher levels. Other than a level 3 course in information and communications technology (ICT), business administration, hospitality supervision and an unaccredited programme in supervision and leadership in education, there was no provision beyond level 2 for prisoners who were already at that level and would benefit from accessing courses at a higher level during their long sentences.

5.18 There were insufficient activity places to meet the needs of the population, with only enough for around three-quarters of prisoners. Although managers had plans to increase this number, the increase intended would not address the shortfall fully. The limited physical space and availability of suitable buildings within the prison prevented any further plans to increase activity places sufficiently.

5.19 The allocations process was mostly effective. Decisions made on prisoners' applications were informed well by their progression plans, education and learning support needs. As a result of the considerable shortfall in available activity places, prisoners often had to wait for long periods to be allocated to an appropriate activity – in many cases, for over a year.

5.20 Leaders and managers worked effectively together to plan the education, skills and work curriculum. In addition, education managers and staff had supported prison managers to monitor the quality of training in prison workshops. They had also provided training and support for prison staff, which had led to improvements in the quality of education provided by prison instructors.

5.21 Teachers, trainers and support staff were proud to work for the prison and education provider. They felt well supported by their managers and peers. Education staff had benefited from a range of relevant training to help them to improve their teaching practice and to understand prison processes.

5.22 The prison education framework (PEF) provider, Milton Keynes College, had carefully selected the content and structure of the education courses they provided up to level 2, but they provided few opportunities for prisoners to study at higher levels. Teachers were well qualified and experienced in the subjects they taught. In most subjects, including English and mathematics, teachers structured courses with care. Across most of the education courses provided by the PEF provider, most prisoners achieved their planned qualifications, including in English. However, the proportion of prisoners who achieved functional skills qualifications in mathematics was low.

5.23 Teachers started by introducing basic concepts to prisoners and then built more complex curriculum content by using more challenging material in their teaching, as prisoners gained in confidence to apply their new knowledge and skills. Most teachers and classroom assistants questioned prisoners and used assessment skilfully to check their understanding of newly introduced topics. Teachers carefully explained concepts again when they identified that prisoners had not mastered them.

5.24 In a minority of subjects, such as ICT, teachers did not establish prisoners' starting points accurately to identify the appropriate level of course to enrol them on. The ICT curriculum at levels 1 and 2 focused on passing tests rather than on developing prisoners' skills in a meaningful way so that they remembered how to use them in the future. This meant that they did not develop enough fluency in using these skills and struggled to put them into practice.

5.25 Staff in education, skills and work were sensitive, and responded well, to meeting prisoners' additional learning needs. However, on occasions, prisoners with more complex needs attending education classes did not receive an in-depth assessment early enough. This hindered teachers' identification of the appropriate strategies to support these prisoners from the start of their courses.

5.26 Vocational instructors in areas such as the bed recycling and woodwork shop were highly experienced and enthusiastic, and provided good training for prisoners. As a result, prisoners made good progress in gaining new knowledge and skills, which enabled them to become effective employees. However, other than in a small number of workshops, prisoners had no opportunities to achieve accredited qualifications which would recognise the often high levels of knowledge and skills they acquired. This included the large warehouse, where prisoners worked to commercial standards.

5.27 When prisoners started a new role in prison workshops and in jobs around the prison, through discussions, staff effectively established their aspirations and ambitions, and helped them to identify a range of skills, and personal and skills development targets. However, after taking the time to establish these, prisoners were rarely encouraged to review and record the progress they were making.

5.28 Managers and staff used prisoners employed as mentors, IAG workers and classroom assistants effectively to support the delivery of the curriculum. Prisoners employed in these jobs received good training, were highly motivated and supported other prisoners well.

5.29 Leaders had developed a prison-wide strategy to encourage prisoners, particularly those with lower ability, to read. IAG workers and classroom assistants had been given the responsibility, with the guidance of education managers, to plan activities to support the implementation of the reading strategy. This included strengthening links with the library, which ran several initiatives to support reading, and Shannon Trust mentors (see Glossary; see also paragraph 5.8). Prisoners with low

reading ability were signposted by the IAG workers to join English or English for speakers of other languages education classes, as appropriate. Classroom assistants had engaged enthusiastically in their new responsibility for the reading strategy and had begun to identify and implement a range of activities to encourage and support reading. This was beginning to have a positive impact, although mostly only on those who participated in education classes.

5.30 Staff set high expectations for prisoners about their behaviour, attendance and attitudes while participating in activities. Prisoners behaved well and had positive attitudes, which contributed to calm and orderly learning and work environments. They worked safely and showed respect for staff and each other. The very few instances of inappropriate or threatening language were dealt with quickly. Prisoners enjoyed their education and work activities, and were proud of their achievements. Overall attendance at purposeful activity was high, although in a very few workshops was not good.

5.31 Since the previous inspection, managers had taken appropriate action to provide prisoners with effective access to careers information, advice and guidance. A full-time IAG coordinator effectively managed and supported the work of IAG workers on each wing. They had prioritised the formulation of personal learning plans with prisoners on their wings and had completed this for all of the more recent admissions. However, not all prisoners, in particular those who had arrived at the prison a while ago, had received appropriate advice and guidance. As a consequence, when custody planning, not all prisoners had been able to make well-informed decisions about the choices they made to support their career. Prisoners for whom it was appropriate, based on their security risk assessment, could access the virtual campus (see Glossary) when in education classes.

5.32 Managers had increased the range of enrichment activities and celebration events to support prisoners' personal development. These included the promotion of chess and an 'unlocked' celebration event in the visits hall, which was attended by suitable prisoners, families and local dignitaries. Only limited numbers of prisoners had participated in these events and activities, and these tended to be the same individuals each time. Prisoners in education and work had a good awareness of values of tolerance and respect, and understood well the importance of respecting individual differences.

5.33 Leaders' and managers' evaluation of the provision accurately identified the main strengths of education, skills and work, and also most of the areas that required improvement. They had taken effective action to address most of the areas that had required improvement at the previous inspection. However, they had not resolved the lack of activity places, or of prisoners' opportunities to achieve accredited qualifications in prison workshops. Leaders and managers had agreed actions to improve the provision and regularly monitored the progress they were making. However, their evaluation was not always supported by reliable, validated data, with some of the achievement rates quoted being higher than they actually were.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 Support for prisoners to reconnect, build and maintain contact with families and friends had improved to an extent. The prison and the family services provider, 'Partners of Prisoners' (POPs), jointly ran a programme of monthly family days. These catered for up to 25 prisoners per session and they could all apply, regardless of their level on the incentives scheme. Twice as many of these five-hour sessions were available than at the time of the previous inspection and they were creatively themed. There were adults-only, over-50s, lifers and children's sessions. Careful consideration had been given both to prisoners and families with neurodiverse needs, and a specific day was run for them, with provision for appropriate lighting and sensory equipment made available.

6.2 The introduction of monthly family coffee mornings, which included guest speakers from different departments across the prison, was a positive initiative to engage family members' views, answer their questions and share information.

6.3 Data provided by the prison showed that just over half the population did not receive visits. POPs worked proactively to identify and engage these prisoners, to understand the reasons for this, offer support and encourage access to the assisted prison visits scheme. A 'family ties' worker had recently been recruited to develop this work further.

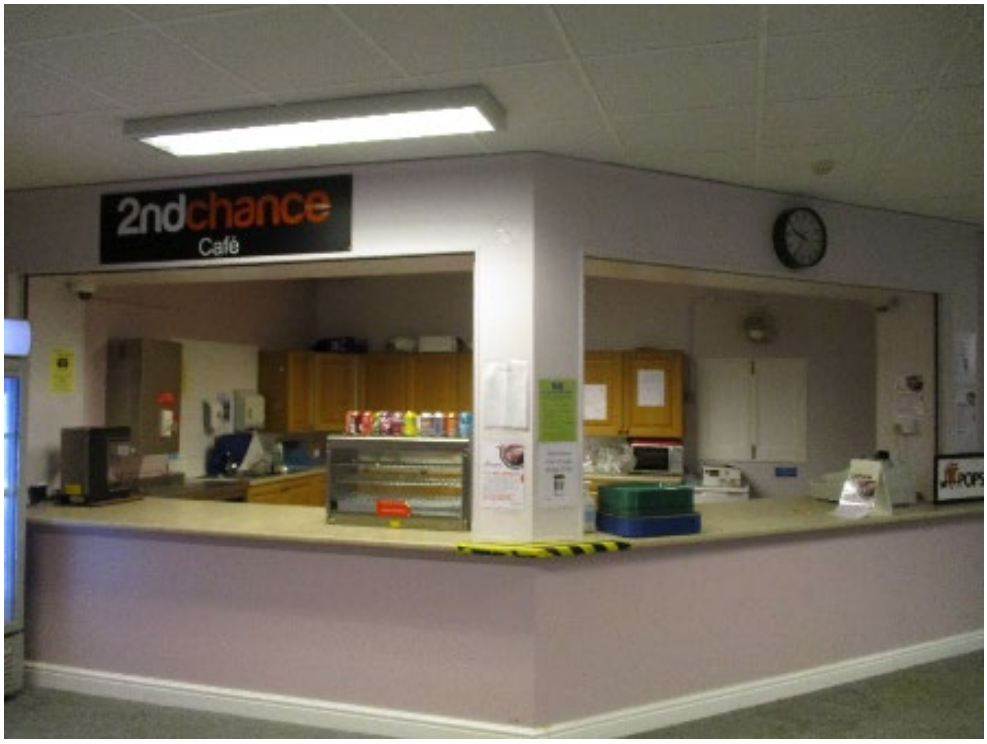
6.4 The visitors centre offered a spacious, warm and welcoming environment for visitors on their arrival, and included a room for prayer and private contemplation, a refreshments bar and a children's play area.

Visitors centre

6.5 The main visits hall was reasonably bright, clean and comfortable. Young children could use the play facilities and visitors could buy hot and cold refreshments from the '2nd Chance Café', run by POPs staff.

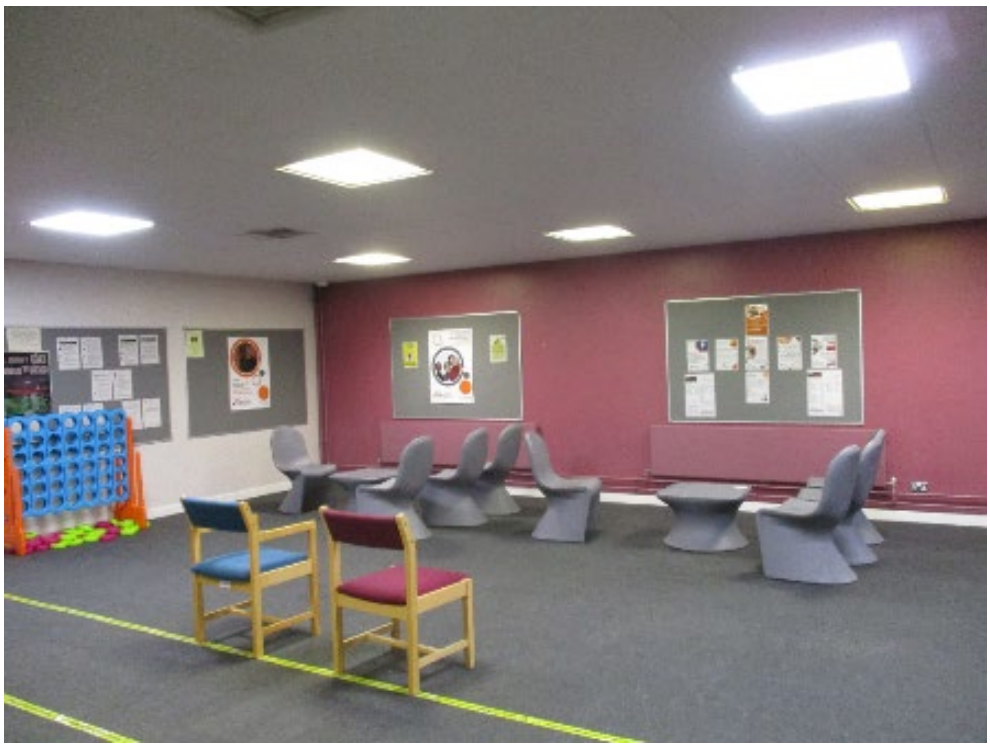
Main visits hall

Play facilities in main visits hall



Café in main visits hall

6.6 A separate room for high-risk category A prisoners was of reasonable size and functional, but bland.



Category A visits room

6.7 Social visits took place on Fridays, Saturdays and Sundays, and prisoners' entitlement depended on their level on the incentives scheme. Each session accommodated up to 30 prisoners in the main hall and two in the high-risk category A room. There were enough slots to meet demand and they could be booked easily by telephone, email or online. Visits sometimes started late, particularly on Fridays.

6.8 Prisoners still did not have in-cell telephones, although we were told that installation was due to start early in 2023. Communal telephones were available on all wings, to use during association periods, but we found half of those on B wing to be out of order. Prisoners told us that this was not uncommon and that repairs often took a long time. Some also described problems with accessing telephones because other prisoners spent too long on calls, which meant that they did not always have time to use them, causing frustration. The email-a-prisoner scheme was well used, but secure video-calling facilities (see Glossary) were less popular.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.9 The prison held an extremely challenging population in relation to offender management and work to protect the public. Nearly all

prisoners were serving long sentences and about half were serving life or indeterminate sentences for public protection.

6.10 Various departments worked to prepare and settle prisoners into long periods of prison life and reduce their risk of reoffending, but there remained a lack of strategic oversight and coordinated work between some of them. Meetings took place, but they were sometimes intermittent and were not always well attended. The strategy was not underpinned by a needs analysis of the population or an action plan, and did not set out how departments across the prison would work together to improve outcomes for prisoners. However, work had recently started to address these deficits.

6.11 The offender management unit (OMU) benefited from strong leadership, but there were some staffing shortfalls within the unit, both in terms of capacity and experience. The two prison-employed prison offender managers (POMs) were often cross-deployed to undertake other duties outside of the OMU, and there were two probation-trained POM vacancies. Caseloads were high, especially given the complexity of the population. Some probation-employed POMs were newly qualified and inexperienced, and some case administrators needed training in new areas for which they had recently taken responsibility. However, the committed team was capable, flexible and willing to learn.

6.12 All prisoners should have had an initial offender assessment system (OASys) assessment before arriving at the establishment, but nearly half of all new arrivals in the last six months had come without one. The OMU prioritised the completion of these, but subsequent reviews were not always timely, even within HM Prison and Probation Service timescales, where the expectation was to undertake a review every two to three years, or when there was a significant change in circumstance. Of the cases we looked at in detail, the standard of OASys assessments was very good. They were well considered, meaningful, demonstrated a good understanding of complexity, and objectives were focused on outcomes.

6.13 Given the high-risk, long-term population, good-quality offender management was particularly important. We saw some good examples of frequent, one-to-one offence-related work taking place that was progressive, motivational and effectively challenged prisoners' attitudes, thinking and behaviour. This was accompanied by good-quality, supportive work from key workers (see Glossary).

6.14 However, contact between POMs and prisoners was mostly driven by task-led and time-bound events, such as upcoming parole hearings, initial OASys assessments and re-categorisation reviews. In our survey, only 66% of respondents with a custody plan said that they understood what they needed to do to achieve their targets, and 34% that someone was helping them – both of which were worse than at the time of the previous inspection.

6.15 Many prisoners we spoke to were frustrated by slow progression and not knowing when they would start or be assessed for a treatment

programme. While some work took place, more needed to be done to inform prisoners of the appropriate sequencing of sentence planning events while serving very long sentences, to manage their expectations realistically.

6.16 Parole arrangements were managed well and dossiers were usually submitted on time, with a few exceptions because of late responses from community offender managers (COMs). Psychology staff contributed consistently and appropriately to required reports and hearings.

Public protection

6.17 Nearly all prisoners were assessed as presenting a high or very high risk of serious harm to others and were potentially subject to multi-agency public protection arrangements (MAPPA).

6.18 Work to protect the public was robust. The weekly interdepartmental risk management meeting was an effective forum for assessing and managing risk. The well-attended meeting appropriately considered all new arrivals, reviews of those subject to restrictions, and upcoming releases.

6.19 The screening of prisoners on arrival was managed well and contact restrictions were applied quickly and appropriately. Arrangements for those subject to monitoring were good. Reviews were timely and thorough, and prisoners' telephone calls and mail were screened promptly by dedicated and experienced staff. The level of detail in the monitoring log entries we reviewed was excellent.

6.20 There were well-established processes to identify prisoners who potentially posed a risk to children and to assess suitability for ongoing contact where restrictions permitted. Staff who managed prisoners' post, emails and visits worked to up-to-date lists detailing the level of contact allowed.

6.21 Risk management plans were robust. Assessments considered prisoners' previous offences, behaviour in custody and changes to thinking and attitudes which were likely to affect risk levels, and ways in which to manage them. MAPPA F forms (the prison's written contribution to community meetings) were analytical, made good use of information from a wide range of sources and were some of the best we have seen.

Categorisation and transfers

6.22 Weekly population management meetings provided good, collaborative oversight of prisoner transfers, both in and out of the establishment.

6.23 Some progressive transfers were taking place and 87 prisoners had been moved on in the last 12 months, including one to open conditions. However, transfers remained slow, often for reasons outside of the prison's control. For example, there were 15 category C prisoners at the time of the inspection, most of whom were older, had health and

mobility concerns, and had been convicted of sexual offences. The lack of suitable space in the wider prison estate to cater for their complex needs had resulted in them waiting too long to transfer – the longest wait had been over 518 days. In addition, there were several category B prisoners who had been identified as potentially eligible for transfer out of high secure conditions to other category B prisons. However, staff in the OMU told us that some remained stuck because other prisons could not cater for their offence type, or they were not prioritised because of the length of time that they still had left to serve.

6.24 Category A prisoners were reviewed annually, and their cases considered by a local advisory board, chaired by the governor or deputy governor. A recommendation was then passed to the national category A team, which ultimately made the final decision about whether or not to re-categorise them to B. Reviews we looked at appeared appropriate. No prisoners had been re-categorised from category A to B in the last 12 months.

6.25 Re-categorisation reviews for category B prisoners generally took place annually, although they were not always timely, usually because of delays in input from security staff. Of the 30 cases we looked at in detail, decisions were defensible, but prisoners were not routinely involved or always aware of when their reviews were taking place. Key workers helpfully engaged prisoners to inform them of the outcome of their reviews, and their developing role to gather prisoners' contributions in advance of reviews was positive.

6.26 As a result of their sentence type and length, no prisoners were eligible for home detention curfew.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.27 Although the prison lacked a wider needs analysis for reducing reoffending, managers had developed a comprehensive profile of the treatment needs of the population. This included a detailed understanding of prisoners' risk levels, likelihood of reoffending, level of motivation, previous programme completions, offence type, sentence length and suitability for treatment. This database was continually updated and enabled staff to plan for, and sequence, sentence planning events appropriately.

6.28 Although the assessment and interventions centre (AIC) offered a wide range of accredited, validated and lower-level interventions which were appropriate to the needs of the population, not all programmes were being delivered; those that were, were only provided on a small scale.

6.29 In our survey, only 23% of respondents said that they had completed an offending behaviour programme, compared with 56% at the time of the previous inspection.

6.30 Many vacancies critical to programme delivery, such as for registered psychology treatment managers and interventions facilitators, coupled with the lack of fully trained and experienced staff, were having a considerable impact on the prison's ability to deliver its planned programmes.

6.31 Added to this, the allocation of programme places was prioritised on the basis of national instructions – for example, preference was given to those who needed high-intensity interventions and those with upcoming release dates. This limited the opportunity for some prisoners to demonstrate a reduction in their risk, such as for some category A prisoners and those with many years left to serve.

6.32 Some limited accredited programme delivery was taking place, such as Kaizen (a high-intensity course for prisoners convicted of sexual offences), Becoming New Me+ (designed for high-risk prisoners with learning disabilities convicted of sexual offences) and the Healthy Sex Programme (a cognitive behavioural programme). However, the reduction in overall access to programmes hindered the prison's aim, as a long-term and high-secure training prison, to rehabilitate and address offending behaviour.

6.33 Despite this, we saw some good examples of work to encourage and harness prisoners' motivation and preparedness for future treatment interventions, and it was positive that the Foundation programme (for those who were not ready to complete an accredited programme) was being delivered. Other lower-level interventions included 'Helping Hands', where prisoners could share their learning experiences, and 'My Strengths', the self-study workbook, focusing on prisoners' protective factors to mitigate future risk. Since the introduction of My Strengths in 2020, 93 prisoners had either engaged or were currently engaging with this work, and the AIC offered structured support and feedback during it and post-completion.

6.34 About 60% of the population had been convicted of a sexual index offence. Over half of these maintained their innocence, which was a considerable barrier to addressing their offending, and limited one-to-one work took place to engage them. However, a few were able to access the Kaizen programme, if they acknowledged behaviour that needed to be addressed.

6.35 There were no structured processes to help with the finance, benefits and debt needs of new arrivals early in their sentence, or for the few who would be released directly from the establishment.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.36 Few prisoners were released directly from the prison into the community. In the previous 12 months, 13 had been released, all but one of them to probation-approved premises. As a result of the small number of releases, the establishment did not have formal resettlement services in place and relied on POMs and COMs working together.

6.37 We reviewed four cases that were due for imminent release. Pre-release planning was mostly thorough and usually demonstrated good POM/COM liaison and contact with the prisoner, with timely referrals for approved premises and safeguarding checks completed. However, MAPPA management levels were not always confirmed in good time.

6.38 We observed a 'Shout About' event, targeted at prisoners with three years left to serve. The event was well attended by prisoners and representatives of various departments involved in reducing reoffending, including a guest speaker from a local probation-approved premises. It offered an excellent opportunity for prisoners to ask practical questions; to demystify their anxieties about what would be expected of them on the day of release; to describe what 'life on the outside' might look like; and to raise their awareness of the rules and requirements of living in an approved premises.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

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

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

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

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

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

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

Key concerns

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

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

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

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

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

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

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

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

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

Section 8 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, early days procedures were generally adequate. The prison was calm and most prisoners felt safe, but not enough had been done to understand and address low-level antisocial behaviour. Use of force was proportionate but governance of special accommodation was poor. Prisoners were usually managed well by segregation staff, but some spent too long there awaiting transfers. Security was effectively managed. Care for those at risk of self-harm was good and there had been no self-inflicted deaths since the last inspection. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendations

Prisoners should not be held in the segregation unit for excessive periods. Achievable exit plans should be developed and implemented.
Not achieved

Recommendations
Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded.
Not achieved

Peer support should be available in reception.
Not achieved

All new prisoners should be able to make a telephone call in reception, subject to considerations of public protection.
Not achieved

First night observations should be carried out and recorded for all new arrivals and for prisoners whose circumstances have changed.
Not achieved

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.
Not achieved

Senior managers and representatives from relevant departments should attend the safer prison meeting.
Partially achieved

The quarterly adjudication standardisation meeting should be well attended and should focus on understanding adjudication trends over time.
Achieved

Quality assurance of adjudications should be conducted regularly and identified areas of learning discussed with adjudicators. This process should be documented.
Achieved

There should be regular management scrutiny of completed use of force paperwork, including all incidents of baton use.
Achieved

All incidents of force captured on handheld or body-worn video cameras should be routinely downloaded, retained and reviewed by managers.
Achieved

Prisoners should spend only the minimum time required in special accommodation and there should be clear evidence in all cases to justify its use.
Achieved

Showers should be offered each day to all segregated prisoners.
Not achieved

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.
No longer relevant

Prisoners should only be placed on closed visits in response to visits-related activities.
Achieved

All prisoners should be able to see Listeners when required unless risk assessment indicates otherwise.
Not achieved

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.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff-prisoner relationships were generally good and enhanced by the key worker scheme. Overall living conditions were good, food was above average in quality and prisoners appreciated use of the wing kitchens. Consultation was good, but there were some shortcomings in applications and complaints procedures. Equality and diversity work was reasonable overall, with examples of good practice, but some areas remained underdeveloped. Faith provision was good. Health services were generally good. Outcomes for prisoners against this healthy prison test were good.

Main recommendation

The Ministry of Justice should work with the Department of Health to ensure that – following repeated recommendations and concerns expressed by this Inspectorate and others, including the Public Accounts Committee – effective action is taken to complete transfers under the Mental Health Act within the target time of 14 days.
Not achieved

Recommendations

Toilets and showers should be adequately screened.
Achieved

The evening meal should not be served before 5pm.
Achieved

There should be no administration charge for catalogue orders.
Not achieved

Responses to applications should be tracked and monitored to ensure timeliness and focus on the matters raised.
Not achieved

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.
Achieved

The prisoner equality action group should include external representation and scrutiny of DIRFs.
Achieved

Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield.
Not achieved

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.
Not achieved

All clinical environments should comply with infection control standards.
Not achieved

Patients should not have to wait for extended periods before and after their appointments in the health centre.
Achieved

Health promotion material should be readily available on the wings.
Achieved

Condoms should be well promoted.
Achieved

Information sharing between health and prison staff should be sufficiently detailed to identify potential risk and enable good multidisciplinary care.
Achieved

The inpatient unit should only accommodate prisoners with identified clinical need and offer a clinically therapeutic environment.
Not achieved

Social care assessments should be completed promptly.
Achieved

Individual care plans should be in place for all prisoners in receipt of social care.
Not achieved

There should be a full range of therapeutic options, including access to psychology and counselling services.
Not achieved

Prisoners should receive their medicines in a confidential area, where they cannot see or hear what is being given to others.
Not achieved

Medicines should be stored securely and at correct temperatures.
Not achieved

Current guidance on tracking of medicated patch placement should be adhered to.
Achieved

Dental services should meet infection control requirements.
Achieved

Dental equipment should always be stored safely and securely.
Achieved

Purposeful activity

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

At the last inspection, in 2018, time out of cell and access to association were reasonable, but exercise was too short. The library provided a good and well-used service. Most eligible prisoners could access activities and provision had increased, but was still not sufficient and too many prisoners were locked up during parts of the working day. Workshop and education provision had improved. The quality of teaching and learning was generally good. Achievement of qualifications was good. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendation

There should be sufficient, fully used education, training and work activities to occupy the population fully.
Not achieved

Recommendations

Unlock times should reflect the published core day.
Achieved

All prisoners should have access to at least one hour of exercise in the open air each day.
Not achieved

Managers should coordinate activities to reduce the number of authorised absences from education.
Achieved

Managers should evaluate the quality of teaching and learning in the workshops to help instructors improve the provision.
Achieved

Managers should provide access to careers advice and guidance for prisoners.
Achieved

Managers should introduce higher-level qualification opportunities for prisoners employed in the prison workshops to reflect the level of skills they acquire.
Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2018, family support provision was limited. Visits took place in a relaxed environment. Offender supervisors did not do enough one-to-one work with prisoners and rehabilitation services were not yet well coordinated. Assessment and intervention centre (AIC) staff engaged with prisoners creatively and effectively. Offender assessment system (OASys) assessments were largely up to date and the quality was generally good. Public protection procedures were thorough. More prisoners were re-categorised than at the last inspection, but too many were still unable to achieve progressive transfer. Release arrangements were generally good. Outcomes for prisoners against this healthy prison test were reasonably good.

Recommendations

The prison should provide a wide range of opportunities for prisoners to rebuild and maintain relationships with their families.
Achieved

Visits should start at the advertised time.
Not achieved

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.
Not achieved

Prisoners should be held in the lowest appropriate security conditions. Progressive transfers should be swift.
Not achieved

OMU staff should conduct one-to-one offence-related work which should take place in private interview rooms.
Not achieved

Appendix I About our inspections and reports

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

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

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

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

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

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

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Jade Richards	Inspector
Christopher Rush	Inspector
Joe Simmonds	Researcher
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Grace Edwards	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Helen Jackson	Pharmacist
Jo White	Care Quality Commission inspector
Malcolm Fraser	Lead Ofsted inspector
Jemma Skinner	Ofsted inspector
Jai Sharda	Ofsted inspector
Montserrat Perez-Parent	Ofsted inspector
Diane Koppit	Ofsted inspector
Dionne Walker	Offender management inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

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

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

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

Close supervision centre

The close supervision centre system holds about 60 of the most dangerous men in the prison system. Many of these have been imprisoned for very serious offences which have done great harm, and have usually committed subsequent very serious further offences in prison, and their dangerous and disruptive behaviour is too difficult to manage in ordinary prison location. They are held in small units or individual designated cells throughout the high-security prison estate. These men are likely to be held for many years in the most restrictive conditions, with limited stimuli and human contact.

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

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

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

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

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

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

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

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

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

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

Appendix III Care Quality Commission Requirement Notice

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

The inspection of health services at HMP Wakefield was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Requirement Notice 1

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Wakefield

Location ID

1-3892638390

Regulated activities

Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 Safe Care and Treatment

12. -

(1) Care and treatment must be provided in a safe way for service users.

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

(a) assessing the risks to the health and safety of service users of receiving the care or treatment

(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs

(g) the proper and safe management of medicines.

(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

How the regulation was not being met

The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Applications for healthcare were not clinically triaged in a timely way.

There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:

- In possession medicines were not regularly available for patients to collect, including critical medicines

There was no proper and safe management of medicines. In particular:

- The transportation of medicines to the segregation unit/CSC was not safe or secure
- Records of the use of the out of hours medicines cupboard and emergency medicines cupboard were not maintained by staff

There was additional evidence that safe care and treatment was not being provided. In particular:

- Care plans for those with a diagnosis of cancer were not in place.
- Some patients with identified social care needs did not have a care plan

- Care plans for those with social care needs and long-term conditions were generic, not personalised and of a poor quality.

This was in breach of regulation 12(1)(2)(a)(f)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Requirement Notice 2

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Wakefield

Location ID

1-3892638390

Regulated activities

Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 Good Governance

17-

(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person to:

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

How the regulation was not being met

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Incidents were not regularly reported in relation to the lack of availability of some medicines and missed doses; including critical medicines.
- Some fridge temperature records showed readings were outside of range, records did not show when action was taken.
- Managers did not analyse data sufficiently to identify and understand patient safety concerns, gaps in service provision and opportunities for service improvement, especially in relation to medicines and repeated complaints.
- An established framework of regular quality assurance meetings was in place, however; the quality of recording was poor.
- Healthcare staff meetings were infrequent.
- The central database for recording shared information (T drive) was difficult to navigate for staff, information was not easily accessible and not stored consistently.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The service did not have a process in place relating to the administration of critical medicines.

This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requirement Notice 3

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Wakefield

Location ID

1-3892638390

Regulated activities

Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 18 Staffing

18. -

(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part

(2) Persons employed by the service provider in the provision of a regulated activity must;

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- Adequate numbers of staff were not always available across the health service; including pharmacy, primary care, mental health and the in-patient unit. Between 01 August 2022 and 31 October 2022 there were 51 days when the service did not have the required number of qualified nurses/nursing associates on duty. Between 01 August 2022 and 31 October 2022 there were 62 days when the service did not have the required number of healthcare support workers on duty. This meant staff were re-deployed across services, healthcare clinics were cancelled, and primary care mental health interventions were not facilitated often.

- Within the mental health service there are no therapies available for wellbeing, such as relaxation, anxiety management, art therapy or sleep hygiene.

- Staff did not regularly receive clinical supervision and recording was poor.

This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England