



Annual Report of the Independent Monitoring Board at HMP/YOI Moorland

**For reporting year
1 March 2024 to 28 February 2025**

Published July 2025



Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Key points	5
 Evidence sections 4 – 7	
4. Safety	9
5. Fair and humane treatment	14
6. Health and wellbeing	18
7. Progression and resettlement	22
 The work of the IMB	
Board statistics	25
Applications to the IMB	25
 Annex A	
Complaints: statistics	26
Discrimination incident reporting forms: statistics	26

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP/YOI Moorland is a category C male public sector training and resettlement prison (for those whose escape risk is considered to be low but who cannot be trusted in an open prison) holding adults and young adults.

It is a hub for foreign national prisoners, and five house blocks are dedicated to people convicted of sexual offences (PCoSOs): these men are often referred to as 'Res 2 prisoners', while those convicted of non-sexual offences are referred to as 'Res 1 prisoners'.

Two house blocks are incentivised substance-free living units (ISFLUs) and part of another is an NHS-funded intermediate care and reablement service (ICRS) for men from prisons across Yorkshire and Humber who have been discharged from hospital but are not yet ready for normal location. This year, two of the beds have been made available for palliative or end-of-life care.

Part of one house block forms the newly opened CFO (Changing Future Opportunities) Evolution Lighthouse Project, which is developing resettlement programmes for young adults.

At the end of the reporting year, the operating capacity was 1013¹, a decrease of 69 since our last report: during the year, numbers initially increased to 1097 but were subsequently reduced by 84 to allow for the closure of some accommodation for a major fire safety upgrade. Of the total prison population at the end of the year, 592 (58%) were PCoSOs, 97 (10%) were foreign national prisoners, and 65 (6%) were young adults. There were about 30 prisoners serving imprisonment for public protection (IPP) sentences, with no fixed release date.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

3.1 Main findings

Safety

- From the Board's observations, reception has performed well in the face of increasing pressures due to high turnover of prisoners.
- Prisoner-on-prisoner violence has unfortunately increased, although the number of assaults on staff has remained at a similar level to last year. The number of incidents where force was used has increased significantly, although the majority were low-level. Limited bandwidth continues to hamper the use of body-worn video cameras (BWVCs). The number of CSIPs (challenge, support and intervention plans, which are used to manage prisoners who pose an increased risk of violence) during the year significantly increased.
- Self-harm has also increased, but the ACCT (assessment, care in custody and teamwork) system (used to support prisoners who are at risk of self-harm and suicide) continues to work well.
- One prisoner appears to have taken his own life, but the prison responded with great sensitivity and has promptly addressed the issues emerging from this sad event.
- Preventing availability of illicit items, especially drugs, remains a constant challenge.

Fair and humane treatment

- The standard of cleanliness is good, but the Board remains concerned about the use of small single cells, with a barely screened toilet, as doubles.
- Complaints about the quality and quantity of food and the menu ordering system are rising.
- Excellent monitoring and data analysis provide reassurance that there is no systematic discrimination against prisoners with protected characteristics.
- The handling of discrimination incident report forms (DIRFs) has improved further.
- The new incentives scheme policy appears to have had a positive impact.
- Lost property continues to be a problem, possibly exacerbated by the rate of 'churn' due to prison population pressures.

Health and wellbeing

- Provision of healthcare was affected towards the end of the year by the need to relocate to permit the fire safety upgrade.
- In the Board's view, the quality of mental health and substance misuse provision is generally good.
- The Board is concerned about the increasing number and proportion of applications (prisoners' written representations to the Board) relating to healthcare, some of which appear to relate to poor communication.

- The Board has noted comments by the Prisons and Probation Ombudsman (PPO) following the death of a prisoner suggesting that the quality of physical healthcare has not always been equivalent to that which the prisoner would have expected in the community. While the healthcare department is disputing some of these issues, the Board plans to focus on this area in the coming year.
- The Board has, on occasion, been concerned about the quality of input from the healthcare representative at segregation reviews.

Progression and resettlement

- The education, library and workshop facilities are generally appreciated, especially where prisoners can obtain a qualification recognised in the community: it is pleasing to note that 26.34% are in employment six weeks after release, and 39% at six months.
- The early release schemes to ease overcrowding have put huge pressure on the offender management unit: staff have risen well to the challenge, but some other prisoners have reported feeling neglected.
- A repeat survey of prisoners serving imprisonment for public protection sentences (IPPs) showed little change in their level of optimism, although the new regional IPP progression board has been a positive development and has led to the establishment of an IPP forum at Moorland.

3.2 Main areas for development

TO THE MINISTER

- Can the Minister encourage the development of specialised rehabilitation procedures for IPP prisoners within the prison system?
- Can the Minister say when the practice of using single cells to accommodate two prisoners will be discontinued?

TO THE PRISON SERVICE

- How and when will the Prison Service resolve the issue of delay in transferring PIN numbers when a prisoner moves from a private sector establishment to a public sector one?
- When will inadequate bandwidth, which prevents the consistent deployment of body worn video cameras, be addressed?
- How and when will the Prison Service reduce the amount of property lost during transfers?

TO THE GOVERNOR

- Could more be done for IPP prisoners in the way of specialised rehabilitation to increase their chances of release and reduce the risk of subsequent recall to prison?
- While we recognise the considerable efforts already made by wing staff to identify prisoners who are suitable for training as Listeners, we would encourage exploration of anything more that might be done.
- What more will the Governor do to improve the quality of health care provided?

3.3 Response to the last report

Issue raised	Response given	Progress
<p>To the Minister</p> <p>1. The repeated increases in operating capacity over the year, without new buildings, have necessitated the conversion of more single cells to accommodate two prisoners. The Board is concerned about the impact this is having on dignity and wellbeing. How does the Minister plan to reduce prison overcrowding?</p> <p>2. Will the Government reconsider its refusal to implement the recommendations of the House of Commons Justice Committee to enable a resentencing exercise in relation to all IPP sentenced individuals?</p>	<p>1. The Secretary of State has announced a temporary reduction in the time standard determinate prisoners serve from 50% to 40% of their sentence (with some exclusions).</p> <p>The Ministry of Justice [MoJ] and HM Prison and Probation Service [HMPPS] are continuing to deliver additional modern uncrowded prison places.</p> <p>Investment is continuing in critical prison maintenance and renewal to keep as much capacity as possible in use.</p> <p>The Minister did not reply directly to the question of resentencing. He did say:</p> <p>‘Under the Victims and Prisoners Act, the IPP sentence ended for c.1800 people on 1 November, and c.600 referrals were due to be made to the Parole Board for consideration of licence termination.</p> <p>The IPP Action Plan and the monthly IPP Progression Board for the north east will provide greater support for IPP prisoners.’</p>	<p>A total of 47 prisoners were released from Moorland in September and a further 12 in October under the SDS40 scheme. This has not, however, reduced the need for single cells to be used as doubles.</p> <p>A major fire safety upgrade is in progress.</p> <p>The IPP Progression Board is driving forward implementation of the IPP Action Plan in Moorland.</p>
Issue raised	Response given	Progress
<p>To the Prison Service</p> <p>1. Can the training available to prison officers be reviewed to develop more specialised skills for the wide variety of different</p>	<p>1. It would not be feasible to include all elements of the prison officer role and the care of such diverse populations in the initial foundation part of the learning</p>	<p>1. The Board does not know how much progress has been made on the development of more specialised skills.</p>

<p>needs represented in the prison population?</p> <p>2. Can the commissioning of education and training be revised to enable prisoners to acquire a greater range of recognised qualifications to enhance their prospects of successful rehabilitation and resettlement?</p>	<p>journey. HMPPS is looking at the ongoing development of core capabilities of the workforce, including a focus on the prison officer learning journey.</p> <p>2. HMP/YOI Moorland reviews the curriculum every quarter to ensure it is aligned to the needs of the prison population and remains fit for purpose... The prison is exploring options to inhabit the remaining vacant workshop and to upskill workshop instructors to deliver vocational qualifications where they are not currently offered. HMP Moorland's Employment Advisory Board has also identified a need for more work opportunities and is developing a strategy to address this.</p>	<p>Some officers have been trained to administer nasal naloxone.</p> <p>2. Many prisoners complain that they can only attend work part-time. The amount of work available means that they are sometimes under occupied. They would like more opportunities to gain recognised qualifications.</p>
Issue raised	Response given	Progress
<p>To the Governor</p> <p>1. Can there be greater consistency in the arrangements for meetings to monitor the use of force and other important aspects of prison life, such as equality and health?</p> <p>2. Can further progress be made towards a less restrictive regime, enabling more time out of cell, especially for those prisoners who do not go to work or education and for all prisoners at weekends?</p>	<p>1. No written reply was received, but the issue is discussed in Board meetings.</p> <p>2. As above.</p>	<p>1. Meetings continue to be rearranged at short notice for understandable operational reasons, so that IMB members sometimes find it difficult to attend.</p> <p>2. Some progress has been made on prison regime, which has been welcomed by prisoners.</p>

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 During the reporting period, the reception and induction unit was placed under particular pressure. This was due, in part, to the introduction of the prisoner early release scheme, SDS40 (a policy where certain prisoners serving standard determinate sentences were released after serving 40% of their sentence, rather than the usual 50%), and prison population pressures nationally. Despite these pressures, the reception team worked extremely hard to ensure the unit remained decent, efficient and secure for all who passed through and worked there.

4.1.2 Staff processed 1,777 prisoners (including 540 on release) during the reporting period. This was an increase of 223 over the previous year. Young adults comprised about 5.6% of receptions.

4.1.3 Overall, the average 'bus to bed' processing time has been 1-2½ hours. This involves all aspects of the reception process, including scanning, searching, induction and healthcare checks. Reception staff were placed in a difficult position on more than one occasion, particularly when transport arrivals were late. Staff demonstrated considerable flexibility in these instances, working break periods and extended hours, thereby ensuring arrivals were not unduly delayed following transfer and prisoners were not exposed to lengthy periods of waiting on a bus.

4.1.4 Focus on prisoner welfare was to the fore for reception staff, who ensured that men had received a minimum of a sandwich if they were travelling during a lunch time or over a certain journey length. When reception staff received advance warning of transport arrivals outside of mealtimes or where no food had been provided on the transport, they made provision for food from the kitchen, including culturally appropriate options.

4.1.5 All prisoners are given a copy of their PINs (personal identification numbers) in reception to allow calls to family and/or solicitors. HMP/YOI Moorland also offers to contact the next of kin (NoK) for those who transfer in from a private prison, as their PINs can take longer to transfer to the public sector prison.

4.2 Suicide and self-harm, deaths in custody

4.2.1 A total of 221 assessment, care in custody and teamwork (ACCT) plans, used to support prisoners at risk of self-harm or suicide, were opened in the reporting year, compared with 352 last year. In addition, 33 prisoners transferred to this prison on an open ACCT. During the year, standard ACCT documentation was changed, with a view to driving an improved level of the recording of observations and meaningful conversations. CCTV is being used to monitor staff compliance.

4.2.2 IMB members review ACCT documents during their monitoring duties. Last year, before the change in standard documentation, we reported our impression that the quality of ACCT records had become more consistent and our view is that this has been maintained this year. Special mention should, again, be made of the thoroughness of the records of ACCT review meetings, which show a real concern for planning progress with the prisoner.

4.2.3 This year, the number of prisoners who self-harmed increased to 210, compared with 142 last year. The number of incidents of self-harm rose to 600 from 528, which was itself a substantial increase, compared with 337 in the previous reporting year. In most cases, the triggers were stated to be internal to the prison. The 26-35 year old age group records the largest number of self-harm incidents, and the largest ethnic group represented is white British. There are more incidents in the Res 1 cohort (these are prisoners convicted of non-sexual offences) than among the Res 2 groups, who are prisoners convicted of sexual offences (PCoSOs).

4.2.4 The prison has an active process to support prisoners who self-harm or who have mental health needs, including:

- All prolific self-harmers are discussed at a weekly safety intervention meeting to review changes and identify needs for additional support.
- Prolific self-harmers whose ACCTs have been closed may continue to be monitored on an open CSIP (challenge, support and intervention plan), which is used to manage prisoners who pose an increased risk of violence.
- Distraction materials can be accessed in a shared drive by all staff, with further materials available from the safer custody team.
- Some prisoners have approved in-cell laptops onto which activities such as physical workouts, educational courses and distractions have been loaded.
- Therapy dogs were introduced during the year on the initiative of the neurodiversity support manager and there has been positive feedback.

4.2.5 A total of 18 Listeners trained by the Samaritans are now operating, but no more are in training. Despite considerable efforts by prison staff, it is difficult to maintain a high numbers of Listeners for the Res 1 population, because many are serving fairly short sentences and are released or moved to category D (open) establishments shortly after completing the training course. The Samaritans understand this feature of prison life and are willing to run extra courses as required by demand.

4.2.6 Prisoners can also access the Samaritans' helpline through in-cell phones. According to the PIN phone system, connections were made on 4442 occasions during the reporting year. This was in the region of a 25% decrease on last year's total.

4.2.7 Sadly, the Board must report that there were five deaths in custody during the reporting period. Four were apparently due to natural causes, and one was apparently self-inflicted. IMB members are notified of all deaths in custody and attend, for observational purposes, when an on-site death occurs. The Board acknowledges the commitment to relatives by the family liaison officer and the Governor on the occasion of each death and, in particular, following the apparent suicide.

4.2.8 A Prisons and Probation Ombudsman (PPO) investigation commenced following each of the five deaths: at the time of writing (June 2025), only three final reports and two initial drafts have been issued. It is of great concern to the Board that, in one case, the PPO's final report judged that the clinical care received by the prisoner was not equivalent to that which he would have received in the community.

4.2.9 The IMB is aware that some clinical recommendations are being disputed by the healthcare provider. It may be necessary to increase our monitoring in order to

ensure that there is sufficient ongoing oversight of any area of concern if confirmed by the coroner.

4.2.10 During an early learning exercise following a death in custody, safer custody staff identified potential areas of operational improvement. One change resulted from the insight that prisoners arriving from private prisons do not have their phone numbers (PINs) automatically accompanying them. This may cause anxiety for numerous groups of prisoners, including first-time prisoners and young adults, foreign national prisoners or those with learning disabilities and/or mental health conditions. Family members could also be disadvantaged, as they would be unaware of the prisoner's relocation, which would deprive prisoners of their right to family contact. To address this specific issue, a process has been introduced whereby a reception officer will call the next of kin, advising them of the transfer. A list of the prisoner's nominated phone numbers will also be obtained while in reception. These contact numbers will be added to the PIN spreadsheet and identified as needing to be actioned as a priority by the business hub, thereby minimising any delay in family and professional communication opportunities for prisoners.

4.2.11 An early learning exercise also highlighted a lack of awareness by night staff of the procedure needed to open a cell when there is an emergency during the night state. It was agreed, that in order to address this risk, the prison will introduce a briefing by the night orderly officer: this will be given to all staff on their first night shift and will also be made available on the new learning support system, supported by a link to a short video that staff can access.

4.3 Violence and violence reduction, self-isolation

4.3.1 In the reporting year, there were 132 recorded incidents of prisoner-on-prisoner violence, of which 45 involved fights. The total was an increase on the previous year. There were also 43 assaults on staff, which is about the same number as in the previous year.

4.3.2. Retaliation was the main reason given for the violence, with debt some way behind. According to the prison's own monitoring, debt-triggered violence seems to increase where there is a decrease in drug availability.

4.3.3 In forums held at the end of 2024, prisoners' feedback was that Moorland was not a prison where violence was widespread. However, in the light of comments made about limited time out-of-cell and the regime at the time, the prison authorities decided that prisoners would be unlocked for most of the day at weekends. The end of the reporting year was too early to assess the impact of this significant change on the level of violence.

4.3.4 Challenge, support and intervention plans (CSIPs) are considered a key tool in reducing violence and thus improving safety in prison. The number of referrals made was 2802, a very significant increase on last year's figure of 932. The CSIP process is now embedded and the strategy can be changed if a spike is seen in a particular category of referral in any month.

4.3.5 All incidents of violence are reported on a CSIP, with assurance carried out monthly and the results discussed at a monthly meeting. CCTV is used to identify perpetrators of violence. There is an increase in prisoners who are self-isolating, although the number is still low.

4.4 Use of force

4.4.1 The prison continues to record use of force (UoF) in line with good practice and maintains positive management oversight of events. During the reporting period, there were 405 UoF incidents recorded (an increase of 55.06% over the previous year), of which 354 were recorded as unplanned. Refusing to relocate, the prevention of serious harm and threats of physical harm were recorded as the predominant reasons for deployment of UoF techniques. In the main, these were guiding holds and restraint of movement to prevent injury and self-harm. Rigid bar cuffs (RBCs) were used in about half of the UoF events, following the issue of revised national guidelines on de-escalation in April 2024.

4.4.2 The 51 planned UoF events were managed with due regard to staff and prisoner safety and involved both local and nationally trained staff. During the reporting period, 95% of establishment staff were in date for C&R (control and restraint) training, with 28 staff holding advanced C&R accreditation.

4.4.3 Pava (an incapacitant spray) was not used during the year. Batons were drawn by two members of staff during one incident but not used. The special accommodation for violent prisoners was used five times during the year (see also 5.2.1). Body belts were not used on any of the prisoners.

4.4.4 All UoF events are monitored routinely during both the weekly and monthly use of force meetings, which IMB have an open invitation to observe. Meeting arrangements can - and do - change at short notice due to operational demands, which limits the IMB's ability to monitor such reviews. Detailed minutes are circulated to IMB members with specific monitoring responsibility for this area of operational oversight. Event reviews where body worn video cameras (BWC) and/or CCTV has been captured underpin good practice and support positive learning outcomes for all staff.

4.4.5 The use of BWVCs from the start of unplanned incidents has become more consistent and was utilised in 68% of UoF events in the reporting year. We note the continuing constraints on available bandwidth for deployment of BWVCs, something which seems to be a common event across the prison estate. BWVCs are critical in maintaining confidence that UoF is utilised as a last resort in challenging situations, or where a proactive stance is taken to manage the safety and wellbeing of vulnerable prisoners and to reduce assaults on staff.

4.4.6 The UoF meetings also consider identification of local trends highlighted by BWVC reviews, including issues such as the availability of targeted staff training. SPEAR training across the prison in personal protection techniques (spontaneous protection enabling accelerated response) continued to be made available for non-operational staff, including members of the IMB, and was widely supported.

4.5 Preventing illicit items

4.5.1 There remain ongoing issues with illicit substances in the prison, but incidents are less widespread than elsewhere in the region: recent mandatory drug testing of randomly selected prisoners has found only 7% positive. Our impression is that the prison is able to plan for spikes in activity: for example, there are letters ready to be circulated by the substance misuse team, warning of the dangers of drug use, should there be the need.

4.5.2 Moorland did experience a spike in cases where prisoners were suspected of being under the influence (UTI) of illicit drugs or alcohol in January 2025, when the monthly total reached 78. Communication and security measures were activated, which helped to reduce the total for the following month to 34. A total of 78 was easily the highest monthly figure during the reporting year, although the numbers did fluctuate.

4.5.3 The use of the body scanner on all new arrivals in reception has continued to be a key method of detection of illicit items. There were 75 positive scans on incoming prisoners, almost 100 fewer than in the previous year. These figures fluctuate from year to year, however: in the year before last, the figure was 66. Arrivals giving a positive scan were located in the segregation unit under the prison's secreted items policy (see 5.2.2). The body scanner is also used where suspicious activity is detected, e.g. prisoners apparently UTI, substances have been found or intelligence has been received about a particular individual. The number of those cases was 319.

4.5.4 Newly arrived prisoners also have their clothing washed and returned to them, to ensure that no paper impregnated with the synthetic cannabinoid Spice is brought into prison secreted in clothing. Mandatory drug testing of new arrivals is not in operation.

4.5.5 Due to the prevalence of spice-impregnated paper, all incoming mail is photocopied and only the copies are given to the prisoner. Legal correspondence is tested without being opened if there are suspicions.

4.5.6 There were fewer than 10 known incidents each month of medications prescribed to one prisoner being traded to another. While this is less of a problem, numerically, than say, UTIs, the prison is training staff who supervise the medications queues to spot the signs of diverted medications.

4.5.7 Dogs trained in the detection of drugs are deployed before visitors are admitted, and any visitor identified by a dog is restricted to a closed visit (where a prisoner and the visitor are separated by a barrier, such as glass screen, and cannot make physical contact).

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 The residential accommodation comprises eight house blocks: six are linked to the main corridor, one is in a separate building, and one is formed from prefabricated 'bunkabed' units. At the end of the reporting year, one wing on a house block and one small house block were temporarily closed for a planned major fire safety upgrade. This block usually houses the most frail and disabled prisoners, including those in the NHS-funded intermediate care and reablement unit, as well as the healthcare offices and treatment rooms. Alternative arrangements were planned in advance.

5.1.2 Although the operating capacity of the prison had been reduced ahead of the planned building work, this has not reduced the number of previously single cells being used as doubles, with a shared toilet. The Board continues to question if this is decent or humane.

5.1.3 The standard of cleanliness on the house blocks is generally good, and the Board has seen no evidence of vermin.

5.1.4 The Board has heard an increasing level of discontent from prisoners about food: quality, quantity and the menu-ordering system have all been raised both verbally during monitoring visits and in writing via IMB applications. A total of 12 applications about food were received this year, compared with six last year, and there were 169 complaints (6.0% of the total), compared with 116 last year (3.9% of the total.)

5.1.5 On some house blocks, prisoners have complained that, despite completing their menu forms carefully, they have been given the 'default menu'. The response from the kitchen has been that they must have filled it in incorrectly. Some prisoner information desk (PID) workers have made a point of very carefully checking what men have ordered against what has been delivered from the kitchen and have provided robust evidence to the IMB that there was a problem in the system. This was eventually accepted but found to be due to a new national IT system. Steps have now been taken locally to mitigate the problem: the Board will continue to monitor this issue.

5.1.6 The Board regularly inspects the food comments book available in each house block but, as reported for the last two years, this is sometimes kept behind the servery, where it is not easily accessible to prisoners. Some prisoners have said that they do not bother writing in it anymore because nothing changes.

5.1.7 On a more positive note, at the forum for Muslim prisoners, observed by a Board member, thanks were expressed to the catering manager for the excellent provision during last year's Ramadan, and he was given a round of applause.

5.2 Segregation

5.2.1 The segregation unit (known in some other prisons as the care and separation unit) has an overall capacity of 28 cells, plus two cells designated as 'special accommodation'. The Board is notified promptly when a prisoner is placed here. We are satisfied that this is a rare occurrence, and duration of stay is limited to a few hours at most. On a small number of occasions, we have also been informed when

the term 'special accommodation' has been applied to a regular cell from which everything, including the bedding and mattress, have been removed: we are satisfied that this had been done for the safety of a prisoner who was attempting to self-harm with these items, and that they were quickly restored as soon as it was deemed safe to do so.

5.2.2 The prison operates a 'secreted items policy', under which any prisoner who appears on scanning to have an item internally secreted is located in the segregation unit. All prisoners are scanned on reception and some on the basis of intelligence or when suspected of hiding an item prior to a cell search. Prisoners with positive scans remain in the segregation unit and undergo daily scans. Once clear, they return promptly to normal location. Prisoners segregated under this policy often tell Board members that a mistake has been made. While it is impossible to rule out this possibility in every individual case, the Board is satisfied that the interpretation of scans is carried out only by officers trained to do so and that the results are subject to regular quality audit.

5.2.3 Whenever a Board member attends the prison for any reason, they visit all new admissions to the segregation unit, so most are seen within 72 hours. In addition, a member visits everyone in the unit once a week: staff are always very helpful in facilitating this. We are satisfied that the regime of access to showers, a phone and exercise is acceptable, and that prisoners are offered books, jigsaws and distraction packs, as required. Those attending programmes such as Thinking Skills can still access them, and in-cell education is possible. Radios are provided after the first 24 hours, as long as the prisoner has complied with the regime. A member of the healthcare team goes round every day. The prison complaints system recorded only one complaint about segregation over the whole year.

5.2.4 About once a fortnight, a Board member observes a sample of adjudications (disciplinary hearings held when a prisoner is alleged to have broken prison rules). We are satisfied that these are conducted in a fair and professional manner, conforming to the principles of procedural justice. Prisoners generally appear content with the outcome.

5.2.5 Segregation reviews are scheduled twice a week, and Board members usually monitor them. During the reporting year, 299 individual reviews were observed, an increase of 65% on last year. The Board is satisfied that these reviews were properly conducted by a Governor, usually with input from the security and safer custody teams and often the offender management unit (OMU) and house block staff. A member of the healthcare team is always present but, on occasion, Board members have been concerned about the quality of their input: the healthcare representative does not always appear to be aware of who is to be reviewed or be familiar with their medical history.

5.3 Staff and prisoner relationships, key workers

5.3.1 Relationships between prisoners and staff appear to be generally good: there was a further fall in the total number of applications concerning this area, from 33 last year to 27 this year. The number of complaints recorded about staff fell from 114 last year to 89 this year (although neither figure includes any that may have been made to the Governor under the confidential access system).

5.3.2 Last year, we reported that the key worker programme gave priority to the most vulnerable prisoners, who were seen on a weekly basis. Over the reporting year, more key workers have been trained in preparation for a changeover in April 2025 to the provision of a key worker for every prisoner: they will meet at least once a month.

5.4 Equality and diversity

5.4.1 The prison accommodates a significant number of foreign national prisoners, who present specific challenges, including language barriers. A national AI translation programme introduced more readily accessible interpreting and translation facilities. HMP/YOI Moorland was an active participant in the successful programme trial.

5.4.2 The Board was pleased to note that the number of applications about equality and diversity (including religion) had fallen to eight this year, compared with 32 last year.

5.4.3 An impressive amount of work is reported at the equality action team (EAT) meetings, which are attended by prisoner equality representatives. A Board member observes when possible and otherwise reviews the extensive monitoring data that has been presented. There is a forum for each of the legally recognised protected characteristics (which include age, religion, race, disability and sexual orientation, among others), and these feed issues into the EAT. The EAT considers whether there is evidence of inequality by race, religion or age in the use of force, the distribution of the incentives scheme, adjudications, complaints and the allocation of desirable jobs such as wing worker roles. Numbers are often small, and some apparent disparities are explained by multiple complaints from the same individual. The Board is satisfied that the prison takes these issues very seriously and has found no evidence of systematic discrimination in any of the areas examined.

5.4.4 A total of 86 discrimination incident reporting forms (DIRFs) were received by the safer custody team during the reporting year, compared with 114 last year. Board members reviewed a sample of 12, selected randomly and including at least one of each of the following protected characteristics: age, sexual orientation, disability, race and religion. Most forms were dated by the prisoner and, in some cases, a response informing him who would be investigating his complaint had been sent within a day or two. However, other forms were undated or the date of receipt of the DIRF was not recorded, so it was not possible to be sure how promptly the initial response had been made.

In most cases there was a clear account of the inquiries that had been undertaken, including interviews with the complainant and, where relevant, alleged perpetrators and/or witnesses. The quality of investigations was generally good, with sensible and creative solutions implemented where the issues appeared to have arisen from mistakes or misunderstandings rather than discrimination. For example, an officer and a prisoner both agreed to mediation; and the kitchen manager discussed with a prisoner how he could have additional menu items consistent with his kosher diet. Five of the sample (42%) had not been signed off, as required in the local quality control process, but this was an improvement on last year, when it had been 75%.

5.5 Faith and pastoral support

5.5.1 The issue raised in last year's report about prisoners not always being unlocked in time to attend chapel on Sunday mornings was still being reported by the faith forum to the EAT meeting in November.

5.5.2 There has been a lot of discussion over the past year about how best to provide access to Friday prayers for the increasing number of Muslim prisoners (reported as 180 at the October Muslim forum). In recent years, it had been the practice to separate the Res 2 prisoners (PCoSOs) from the Res 1s, including in the chapel, but the prison has only one part-time (30 hours pw) Imam, and he is forbidden under Islam to say Friday prayers twice on the same day. Despite every effort, it proved impossible to recruit a second Imam so, for a period, one group had to have their Friday prayers led by a prisoner, and both groups when the Imam was off sick. The Board was pleased to note how hard the prison tried to overcome the difficulty, which was eventually resolved by allowing all Res 1 and Res 2 prisoners to attend chapel together on Fridays.

5.6 Incentives schemes

Last year's report noted the introduction of a revised incentives policy, aimed at encouraging positive and responsible behaviour, as well as discouraging misbehaviour. The Board is pleased to note that the number of applications about adjudications, the incentives scheme, discipline and sanctions fell by 59% this year (from 32 to 13) and the number of complaints by 12.3% (from 113 to 99.)

5.7 Complaints

Once again this year, the Board is pleased to note that no applications were received specifically about the handling of complaints. The total number of complaints received by the prison during the reporting year was 2807, a fall of 192 (6.4%) compared with last year. The breakdown of complaints by subject is shown in the table in Annex A.

5.8 Property

5.8.1 Despite the fall in the number of prisoners, the prison received 776 complaints about property, 27.6% of the total and an increase of 81 on last year. The number of applications about property received by the Board rose from 64 last year to 74 this year, equating to almost 23% of the total.

5.8.2 Over half of these applications (54%) were about property lost during transfer between establishments, which may relate to the high rate of 'churn' this year, resulting from the rising prison population and the pressure on places. The reasons are varied but, in the main, are due either to limitations placed by GeoAmey on the conveyance of additional items of property, or a failure by the transferring establishment to document and forward property. Where IMB records instances when collection or delivery of property to prisoners on house blocks has been delayed, this generally turns out to be due to a lack of wing staff to escort prisoners to check and sign for property at reception.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 General healthcare (physical, mental health and substance misuse) continues to be commissioned by NHS England and provided by Practice Plus Group. The dental contract is separately managed by NHS England.

6.1.2 At the end of the reporting year, the healthcare wing and the intermediate care reablement service were preparing to move from their established locations to temporary and, for the healthcare staff, dispersed premises. This was due to the required installation of improved fire prevention equipment. There has been considerable planning for continuity of services, but it is bound to have an impact on healthcare provision for approximately three months.

6.1.3 A healthcare monitoring meeting (prison health operation group), chaired by the Governor, is scheduled every three months and a Board member observes when possible. The useful monthly healthcare forum, with prisoner healthcare representatives from each house block, continues. It is an opportunity to listen to prisoners' concerns and disseminate information about services.

6.1.4 There were a total of 63 healthcare-related applications to the IMB this year, compared with 44 in 202-2024, a rise from 12% to 19% of all IMB applications. The main reasons for the applications were: a lack of response to healthcare application; dissatisfaction with prescribed medication; and a delay in treatment provision. This year, there was no significant difference between the PCoSO house blocks and other residential areas.

6.1.5 Rates of prisoners who 'did not attend' (DNAs) appointments continue to be a problem. Communication has been identified as an issue, with prisoners sometimes unaware of whether their healthcare application has been received or when their appointment is, or staff failing to collect them for appointments, despite a list being given to the orderly office. A system has now been introduced to notify prisoners that their application has been received. Also, there is to be a monitoring focus on wing officers checking the list and ensuring prisoners are collected for appointments.

6.1.6 At the end of the reporting period, the waiting times for routine appointments for a GP, optician and dentist are each reported as approximately six weeks, with longer waits of over six weeks for physiotherapy and podiatry; these latter waits were longer for the PCoSOs. Obviously, the DNA rates (see 6.1.5) wasted the time of the medical professionals and inflated the waiting lists.

6.1.7 There continued to be a number of cancellations for outside hospital appointments, which can be due to the hospital re-scheduling, prisoner refusals, lack of necessary pre-operative fasting and lack of staff escort. The numbers have been falling during the year. A number of patients have been on two-week wait pathways for cancer investigations, with subsequent regular hospital appointments, which can require intensive input from staff.

6.2 Physical healthcare

6.2.1 Flu vaccines and Covid boosters have been offered to all eligible men, with take-up improving on the past year, with other relevant vaccines also available.

6.2.2 Throughout the year there has been ongoing work to agree a 'buddy' job description to ensure that appropriate services (e.g. collecting meals from the servery) are offered by these prisoners, who help frail or disabled men. All relevant prisoners are clear about the services included and this has now been agreed and referred to the activities hub for listing with other wing jobs.

6.3 Mental health

6.3.1 The Board regularly sees the input provided by the mental health team to prisoners in the segregation unit and those on ACCTs during segregation reviews. There is also evidence of mental health workers' input when we speak with prisoners and respond to applications. We have observed several cases this year when the mental health team, together with the prison staff and substance misuse team, have made exceptional efforts to ensure a safe discharge for mentally unwell prisoners.

6.3.2 The mental health team has received between 55 and 90 referrals per month during the past year, with the caseload falling from 56 (March 2024) to 49 (February 2025). The team has been stable, with no changes in the past 12 months, working with prisoners who clinically need support across a wide range of diagnoses. The team provides trauma-informed interventions in both one-to-one and group formats. Waiting times vary, depending on the person's need, but are generally about 5-6 months, which will exclude those prisoners serving short sentences. The early releases, introduced this year, have further reduced the opportunity of mental health input for some.

6.3.3 There has been a continuing focus on the needs of prisoners with learning disabilities and neurodiversity: therapy dogs have been introduced, which has proved popular and effective on some wings.

6.3.4 The Board is not aware of any undue delays this year in the transfer of prisoners needing psychiatric in-patient care. We are hopeful that a date will soon be announced for the second reading of the long-awaited Mental Health Bill, with its promised statutory time limit of 28 days for such transfers.

6.4 Social care

6.4.1 The intermediate care and reablement service (ICRS) continued to be offered on part of house block 7. It is funded by the NHS and provides nursing, occupational therapy and physiotherapy staff to support and accelerate a prisoner's recovery/ rehabilitation and return to normal prison location. The unit was set up to serve Yorkshire and Humber and reduce the need for hospital stays and associated staff resources on bed-watches. Fortunately, this year, the unit has been much busier, with a wider remit, including two beds for palliative and end-of-life care. The fire prevention improvements (see 6.1.2) are expected to extend the scope of care provision after the short-term transfer of location.

6.4.2 For all prisoners, social care assessments can be arranged, especially if needed as part of a discharge and resettlement plan.

6.5 Time out of cell, regime

6.5.1 The Governor and senior leadership team regularly review the regime and have sought to extend time out-of-cell as the year progressed. Gym sessions and courses have expanded and exercise equipment was installed in the exercise yards and indoors on some wings (including the segregation unit). Access to pool tables and other activities, such as quizzes and board games, has also been made available on a carefully managed rota. Prisoners were positive about this but continue to report to the IMB frustration at the limited time out of cell and time for recreational opportunities.

6.5.2 Staff availability was the biggest factor that impacted on regime provision. In the event of reduced staffing, all prisoners had a minimum of two hours out of cell daily, including a minimum of 60 minutes of outdoor exercise. In practice, this meant 22 hours in cell for those without access to education or work and, often, for more prisoners at weekends. Prisoner applications and conversations with the IMB often relate to wanting more 'social' time out of cells, but this is limited except on the incentivised substance-free living units (ISFLUs). However, evening time out of cell for full-time workers has been allowed for two years, and in the past three months morning and afternoon periods of time out-of-cell have been introduced at weekends.

6.6 Drug and alcohol rehabilitation

6.6.1 The substance misuse service (SMS) has seen 414 new referrals this year, with 1,619 prisoners accessing the service and 3,320 appointments completed. Of the 301 seen as presenting 'under the influence' (UTI), all were seen by SMS and offered harm-reduction advice and the opportunity to engage with services but many chose not to take up the offer. At the end of the reporting period, 61 prisoners were prescribed opiate-substitute treatment, eight individuals were prescribed buprenorphine tablets and 10 Buvidal (injectable buprenorphine).

6.6.2 Take-home naloxone (an emergency antidote for overdoses caused by heroin or other opiates) is offered on release to prisoners returning to shared accommodation or approved premises and to those assessed as high-risk: it is accepted by 90-100% of men. Nasal naloxone training has been given to HMPPS staff as a potential life-saving intervention for prisoners presenting as overdosing when no healthcare staff are available on site. SMS also works with the release duty workers to reiterate harm-reduction information (including the increased risk of an overdose) and community appointment times aim to ensure the continuity of safe care. SMS has worked with local community SM teams to increase the number of prisoners reporting to community services within 21 days of release, achieving the highest percentage of all Yorkshire and Humber prisons.

6.6.3 Those engaging with SMS are 90% white British origin; 25% of new opiate referrals are 35-39 years old; 2% are veterans of the armed services; 31% have never been employed in the community; and 34% were of no fixed abode prior to coming into custody.

6.6.4 SMS staff deliver the accredited recovery programme 'Inside Out', which offers prisoners a more 'rounded' approach than many other psycho-social interventions, covering everything from motivation to living a balanced life. It uses cognitive behaviour methods to challenge criminal thinking errors and the anti-social

behaviour that can be glorified by offenders. Alcoholics Anonymous and Narcotics Anonymous deliver sessions, with Cocaine Anonymous sessions planned for the near future.

6.6.5 However, there remains a very concerning use of spice (a synthetic cannabinoid), resulting in prisoners being “under the influence”, both on house blocks and in workshops. Concerted and persistent efforts by both security staff and SMS work to reduce the availability of spice and its significant risks to prisoners’ health and the stability of the prison (see also 4.5).

6.7 Soft skills

6.7.1 Peer support on the wings is provided by a number of identified prisoners, such as, for example, PID (prisoner information desk) workers, healthcare reps, equality reps, peer mentors, buddies and Listeners.

6.7.2 A senior officer working with a prisoner has created a self-help group for men with cancer, which has been well attended and valued. The officer was nominated by seven prisoners for a staff award in the Changing Lives category, and won this at regional level.

7. Progression and resettlement

7.1 Education, library

7.1.1 The education department continues to offer a range of formats for delivery, ranging from classroom-based to cell-based learning. The latter is especially useful for those with concentration difficulties, e.g. ADHD (attention deficit hyperactivity disorder) or with low self-esteem. Prisoners in the care and separation unit (segregation) can also request cell-based learning. Some prisoners have commented that education in the prison is more fruitful for them than attending a workshop.

7.1.2 In the education 2 section (for those prisoners convicted of sexual offences) ESOL (English for speakers of other languages) teaching is a blend of classroom and cell-based learning. The number of prisoners seeking ESOL has fallen recently.

7.1.3 The peer mentoring course which was, disappointingly, terminated last year, has been replaced with a team leader training module.

7.1.4 The Board was impressed by the art classes, with prisoners keen to show their submissions for the Koestler Awards for arts in criminal justice.

7.1.5 A Duke of Edinburgh's Award scheme has been introduced for the young offenders on the newly established Lighthouse project on house block 5A, at the suggestion of an IMB member.

7.1.6 The library continues to be busy, with enthusiastic staff. Prisoners express satisfaction with the services available (both books and DVDs).

7.1.7 The Shannon Trust peer tutoring system continued to thrive: 35 prisoners were active reading learners and 15 were active in maths.

7.1.8 Only 3% of applications to the IMB during the reporting period related to education or training, and only 1.1% of complaints.

7.2 Vocational training, work

7.2.1 The resettlement data for the prison are encouraging, in that 26.34 % are in work after six weeks following release and 39% after six months.

7.2.2 The employment hub is working hard to attract more employers to attend courses and events for the prisoners. Currently, there are three or four of these each month, with 10 to 15 prisoners attending.

7.2.3 Prisoners who attend workshops where they can gain national qualifications are very pleased with the provision and expect their job prospects to be enhanced by these. The forklift truck training, braille, and painting and decorating workshops fall into this category, while tailoring offers internal certificates that may be of help. Two prisoners secured employment with Keepmoat after they did apprenticeships while they were at Moorland.

7.2.4 Prisoners in other workshops value the positive impact on their mental health of attending work. While some appreciate the thoroughness of the assessment and training procedures in some workshops (such as DHL), they do not always think they are building on their existing skills.

7.2.5 Prisoners regularly comment on the approachability and supportiveness of the instructors in the workshops, the only exception being some dissatisfaction in the gardens workshop, which had to be addressed by the Governors.

7.2.6 The gardens workshop is not the only one where the amount of work available has been reported to us as being lower than in the past and where instructors have slowed the pace of work to try to occupy prisoners for longer. An exception seems to be the tailoring workshop, where an increase in recent orders has helped.

7.2.7 The Lighthouse project for young adults on house block 5A is trying to establish a vocational programme. So far, prisoners have said that many of the activities are like the Thinking Skills course, which is also run in the prison. IMB members are looking forward to how this project develops under the auspices of The Growth Company.

7.2.8 The level of pay for the work is a regular complaint of the prisoners, even in the kitchens, which is generally popular, mainly because of the weekend working.

7.2.9 We learned that the well-regarded Clinks project in the kitchens had ended. This was disappointing, not only because the training scheme appeared to be of high quality but because the additional support offered after release seemed invaluable.

7.3 Offender management, progression

7.3.1 Understandably in the circumstances where assessments of suitability for the government's early release schemes had to take priority, members of the Board heard a number of complaints from prisoners about the lack of contact from their prison offender manager (POM). Nevertheless, the sentence-related applications to the Board stood at 11.7%, which is comparable to the percentage during the previous year, and the 'drop in' sessions on the house blocks have been much appreciated.

7.3.2 The prison provides three courses intended to aid progression, reduce risk and address offending behaviour: the Thinking Skills Programme; Horizon (for adult men who have been convicted of sexual offences); and Timewise (aimed at violence reduction). These will continue in parallel with the new 'standard' course for all prisons while staff retrain. Hopefully, this will avert some of the frustrations that prisoners sometimes express about not being able to access a course the Parole Board has specified they should complete before they can be released or transferred to a category D (open) prison. The programmes have not quite met their designated target number of prisoners this year (136/145), so the prison is investigating the reasons. These may include sentencing changes, as well as prisoners' lack of motivation or 'programme readiness'.

7.3.3 The offender management unit (OMU) staff and the Board have shared information to improve the conditions and progression of IPP prisoners (those given indeterminate sentences for public protection), of whom there are now approximately 30 in HMP Moorland.

7.3.4 The Board resolved to repeat the survey of IPP prisoners, which it conducted two years ago, and found few changes in their level of optimism, despite recent changes in legislation. Board members continued to liaise with other IMBs in the Yorkshire region and encouraged them to conduct a similar survey, but the returns were disappointing.

7.3.5 The establishment of a regional progression board, aimed at bringing new impetus to the progression and eventual release of IPP prisoners, was a very welcome development and set a new agenda for the Board members' discussions with the OMU management about desirable practices in promoting progression. One example was the insistence by the Prison Group Director, who chaired the meetings, that prisoner forums were a good way to improve two-way communication about matters concerning them. The progression board chair has welcomed the participation of IMB members and it has been possible to raise our specific concerns about rehabilitation and resettlement procedures for this neglected group of prisoners.

7.3.6 A programme of IPP forums has now been established in the prison, which IMB members are invited to observe. Some suggestions that prisoners made in the first forum included:

- The forums to be held more frequently than planned.
- Governors to be invited and asked to answer questions.
- 'Chill out days' to be organised for IPP prisoners and 'lifers', as is done in HMP Northumberland.
- Representatives from the Parole Board to be invited to the meetings.
- Consideration to be given to establishing a wing for IPPs.
- Training to be given to officers about the special needs of IPPs.

7.4 Family contact

7.4.1 We very much appreciate the work of the family strategy group (FSG), which reports on their work to the reducing reoffending committee. They have identified a number of issues, which were also reported to Board members in the visitor centre and visits hall. Sources of frustration included how much contact time is lost by the slow queuing for food in the visits hall and the poor acoustics there.

7.4.2 While most visitors seem to find the online booking system satisfactory, we have heard concerns from those (perhaps older) visitors who find it unreliable and prefer to book over the phone.

7.4.3 It was good to see that the FSG was looking at ways of arranging activities for children in a way which brought them together with their parents, rather than separating them off in a corner of the visits hall. This was a concern that had been raised with us by a parent. Some Res1 prisoners will not invite their children to social visits, where the visits hall is shared by Res 1 and Res 2 prisoners, albeit in separated sections and closely monitored by staff.

7.4.4 The number of applications to the IMB which related to family contacts (27) constituted 8.3% of the total for the year.

8. The work of the IMB

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	299

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year	Percentage in current year
A	Accommodation, including laundry, clothing, ablutions	18	17	5.2%
B	Discipline, including adjudications, incentives scheme, sanctions	32	13	4.0%
C	Equality	32	8	2.5%
D	Purposeful activity, including education, work, training, time out of cell	24	9	2.8%
E1	Letters, visits, telephones, public protection, restrictions	32	21	6.5%
E2	Finance, including pay, private monies, spends	15	7	2.2%
F	Food and kitchens	6	12	3.7%
G	Health, including physical, mental, social care	45	63	19.4%
H1	Property within the establishment	29	34	10.5%
H2	Property during transfer or in another facility	35	40	12.3%
H3	Canteen, facility list, catalogues	10	6	1.8%
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	33	38	11.7%
J	Staff/prisoner concerns, including bullying	33	27	8.3%
K	Transfers	6	8	2.5%
L	Miscellaneous	9	22	6.8%
	Total number of applications	359	325	100%

Annex A

Complaints from March 2024 to February 2025

Subject	Number	Percentage
Adjudications	9	0.3%
Bullying	23	0.8%
Canteen	117	4.2%
Confidential	178	6.3%
Education	32	1.1%
Finance/cash	175	6.2%
Food	169	6.0%
Gym	10	0.4%
Incentives scheme	99	3.5%
Letters/censors	180	6.4%
Medical/healthcare	16	0.6%
OASys/offender management	36	1.3%
Offending behaviour programmes	1	0.0%
Other	271	9.7%
Pre-release/release	72	2.6%
Recategorisation	24	0.9%
Reception	1	0.0%
Property	776	27.6%
Residential	273	9.7%
Security	9	0.3%
Segregation	1	0.0%
Staff	89	3.2%
Transfer/allocation	16	0.6%
Violence	3	0.1%
Visits	87	3.1%
Work	140	5.0%
Total	2807	99.9%

Discrimination incident reporting forms (DIRFs) in the reporting year

Category of DIRF	Submitted	Sampled
Race	41	3
Religion	18	4
Disability	14	1
Age	2	2
Sexuality	7	2
Gender reassignment	0	0
Not specified	2	0
Total	84	12



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Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk