



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

**For reporting year  
1 March 2021 – 28 February 2022**

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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 Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

## 2. Description of the establishment

HMP/YOI Moorland is a category C male resettlement prison which has an operational capacity of 1,028, but is currently reduced to 964 to allow an incremental re-roofing of the accommodation blocks and improvements to houseblock 8. The key priorities are to:

- reduce the supply of illicit items – drugs, mobile phones, etc
- identify and disrupt organised crime
- ensure robust procedures are in place to prevent escape

The population is diverse and, at the time of writing, includes 64 prisoners who are under 21, 98 who are between 21 and 25, and 753 who are 25–83.

There are 171 foreign national prisoners, from 40 different countries, and, of these, 16 are detainees under IS91s (authority to detain under immigration detention beyond the sentence expiry date). There are 359 prisoners convicted of sexual offences (PCOSOs), with the remaining 321 'mains'. The IMB understands that this proportional division of prisoners across the main categories is to continue.

There are eight accommodation houseblocks; the eighth houseblock was constructed in 2020 from Bunkabed units and offers single accommodation for 47 prisoners (see section 5.1). This unit is currently awaiting repairs and upgrades in both accommodation and staff units. In total, there are 603 single cells and 243 double cells (60 of these are designed for single occupancy but used as 'small doubles').

- Houseblock 5A is an induction wing (moved from houseblock 2), except for PCOSOs, for whom there is induction on houseblock 3.
- Two houseblocks, 3 and 4, house solely PCOSOs and are managed as separate units from the rest of the prison, including their education, workshops, healthcare, gym and library sessions. They share religious services in the chaplaincy and the visits hall but are seated separately.
- Houseblock 5B houses the incentivised substance-free living unit. Elsewhere intelligence-led mandatory drug testing has re-started on a limited basis within the Covid recovery programme.
- Houseblock 7 is used for men who have special medical or social care needs, and they tend to be in the older age group. During the year, half of this wing has been refurbished to house the intermediate care unit. This innovative NHS-funded unit is to offer 24-hour medical care for those prisoners from the Yorkshire and Humber region able to transfer from hospital, who would previously have needed a bed-watch in hospital until fit to return to standard accommodation. It is expected to be functioning in April 2022.
- Reverse cohorting (quarantining groups of prisoners who arrive together) has been operational for new receptions during the pandemic, with 160 cohorts of five or more during 2021. A protective isolation unit has been operational within the segregation unit for some of the year for those prisoners who have tested positive for Covid-19, except when there were significant outbreaks, when complete wings were locked down. More recently, there has been the opportunity to isolate Covid-positive prisoners within cells. All procedures have been

operating within the HMPPS restrictions and Public Health England (PHE) advice, whilst seeking to progress through the 'staged' regimes at the earliest opportunity.

There are 16 workshops, one barber shop, two libraries, two education centres, a kitchen, a gym, a chapel, a non-residential healthcare centre, a resettlement hub, a reception area, visits areas (outside reception and internal hall) and various administration offices. These facilities have had limited use by prisoners due to the pandemic (*see section 7.2.1*).

Healthcare and education are commissioned regionally and delivered by Practice Plus Group and Novus respectively.

### **3. Executive summary**

#### **3.1 Background to the report**

The Covid-19 outbreak has had a significant impact on the Board's ability to gather information and discuss the contents of this annual report. The Board has therefore tried to cover as much ground as it can in these difficult circumstances, but inevitably there is less detail and supporting evidence than usual. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, and that is being collated nationally.

This is the third annual report that the Moorland Board has prepared which has been impacted by the Covid-19 pandemic. However, the Board has been visiting the prison for most of this year, although this has been interrupted by members' health and lockdowns within the year. We held our April 2021 Board meeting within the prison and gradually resumed our duties, though these were initially limited, due to the restricted regimes and safe access to prisoners. The remote working we had developed during the previous year was used when necessary (e.g. telephoning in to segregation unit reviews) and prisoners continued to make use of the 0800 IMB line, with 44 prisoners making 113 applications in this way during the year, 33% of total applications.

During the year there has been a change of Governor and significant changes to the senior management team. The Governor regularly attends the Board meetings and staff have been helpful throughout the year and in providing information for this report. As part of the Board strategic work plan, compiled in August 2021 at an 'away half-day', and following a Board session with the senior probation officer in October 2021, it was decided that a piece of focused work would take place with prisoners serving indeterminate sentences for public protection (IPP) (see paragraph 7.3.6 and Appendix). This has been illuminating and concerning work, which has extended to IMB colleagues from the Yorkshire and Humber region.

The previously anticipated population changes towards more foreign national prisoners and PCOSOs did not occur, with the ratio of different categories remaining relatively constant. There were 1,111 receptions, 169 transfers and 953 releases from Moorland during the reporting period. Section 7.3 identifies the progress achieved within the offender management unit (OMU). Although offending behaviour courses, identified in sentence plans, have had limited availability, prison offender managers (POMs) have worked on sentence progression with their community colleagues and the prisoner. However, this has been a frustrating and challenging process for some of the prisoners and staff.

The fabric and cleanliness of the prison is generally good. Work has begun to re-roof the accommodation blocks, and, as mentioned, half of houseblock 7 has been repurposed as an intermediate care unit. The visits hall has been open for most of the year with a gradual reduction of Covid-19 protective measures to improve the quality of the visits. However, the numbers remain limited and the children's play area has not reopened. However, the number of Purple Visits (remote video-calls)

has increased and they remain popular, although connection issues remain a frustration on occasions.

### **3.2 Main judgements**

#### **How safe is the prison?**

Self-harm has continued on a downward trend throughout the year (see section 4.2), although the overall number of incidents is 12 higher than last year. However, there were 159 fewer assessment, care in custody and teamwork (ACCT) documents opened, due, in part, to the extensive 'post-closure' work, which can prevent the need for a further ACCT for the same prisoner.

There have been six deaths in custody (see paragraphs 4.2.6 and 6.1.3), four of which were apparently from natural causes, one apparently from an accidental overdose, and one apparent suicide shortly after release.

The incidents of violence have also reduced, from 87 to 84, with fewer assaults on staff. At times during the year there has been an increase in contacts between prisoners as the prison moved through the 'stages' of the national framework, which has resulted in more potential for stress and violence between prisoners.

The focus on reducing the availability of illicit drugs and alcohol has continued via the use of the body scanner, photocopying of mail and vigilance of staff (both HM Prison and Probation Service (HMPPS) and healthcare). Generally, it has been successful, with any 'spikes' immediately interrogated and appropriate action taken.

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

There is generally good standard accommodation across the prison, with in-cell telephony in all cells except houseblock 8, where prisoners are offered the use of a mobile phone at certain times, and the segregation unit.

There were concerted complaints about the food on one occasion but usually, within the challenging constraints, the food is acceptable and meets the diverse dietary needs of the population. There have been issues with kitchen equipment, especially freezers for a period, and, as elsewhere, Covid-19 has affected the availability of prisoners and staff to work in the kitchen. Once again, the Board is requesting that the food budget is increased, and it is understood there are ongoing negotiations with the Governor.

The Board has paid particular attention to the treatment of IPP sentenced prisoners. There is a sense of helplessness and hopelessness for many, especially for those detained for many years after a recall. This unfair and inhumane sentence was rescinded in 2012 but there remain 22 prisoners in Moorland who were sentenced before that date. There is reference to this issue in the report (see paragraph 7.3.6 and the Appendix).

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

The IMB's opinion is that overall the care of prisoners' health and wellbeing is equivalent to that which they could expect in the community; of course, both settings have been badly affected by the pandemic.

When deaths in custody this year have resulted in independent clinical reviews by the Prisons and Probation Ombudsman, issues have been highlighted where improvements should be made, but it was concluded that in no case would the outcome have been different (see paragraph 6.1.3).

We do have concerns about the long waiting list for dentistry (see paragraph 6.2.5) and the many cancellations of the specialist pain clinic (see paragraph 6.2.8).

The high 'did not attend' rate (see paragraph 6.2.9) requires further investigation.

We remain concerned about the difficulty in arranging prompt transfers to psychiatric hospital when required (see paragraph 6.3.2).

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

There remains a backlog for offender assessment system (OASys) assessments, due to failure to complete these in local prisons and staffing shortages. Sentence plans have been prepared, where possible, using in-cell telephones, and recategorisation reviews have taken place. Also, programme needs assessments are gradually being completed.

There has been significant frustration due to the lack of progress caused both by the pandemic and the shortage of trained programme staff within Moorland. Additionally, there have been reduced transfers to other establishments (either category D or for required programmes) due to Covid-19 restrictions.

There have been fewer educational opportunities, with reduced class sizes. Similarly, employment opportunities are now mostly part-time and the vocational qualifications limited. There are plans to increase and improve the employment within the prison and the availability of relevant skills and experience pre-release.

However, resettlement work, coordinated by the OMU, has been continuing within the 12-week window prior to release. This is provided by the voluntary sector organisations in the resettlement hub and by the Probation Service for the higher-risk offenders returning to the community.

## **3.3 Main areas for development**

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

- There remains delay in the transfer of prisoners requiring secure psychiatric care. This appears to be a national problem. Can the minister ask cabinet



colleagues in the Department of Health and Social Care and the Treasury to address this shortage of beds?

- Can the minister review and prioritise the progression and release (where appropriate) of IPP prisoners?

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

- Can consideration be given to the implementation of the 2019 HMPPS nine 'priority' and four 'key' ideals, suggested as best practice in working with IPP prisoners, to ensure a consistent and humane offer to this cohort of prisoners?
- Can consideration be given to resourcing the backlog of programme provision, to allow progression towards a safe release for determinate-sentenced prisoners?

### ***TO THE GOVERNOR***

- Can key worker sessions be prioritised?
- Can relationships with local employers be established to provide a pathway into employment on release?
- Can there be a general improvement in sentence progression and resettlement services for prisoners?
- Can the 2019 HMPPS IPP 'Ideals' document be adopted and implemented in Moorland?

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

Although in-cell telephony, which is available to nearly all prisoners, has been of great value for both social and staff calls, there has been no progress on other digital in-cell technology, despite cabling being installed several years ago. Such technology would enhance the prisoner options to develop digital skills and speed up applications, complaints etc within the prison.

Working with other IMBs across Yorkshire and Humber, and with the senior probation officer at Moorland, the situation of IPP prisoners has been investigated and their experiences explored. This awareness raising will result in a paper with proposals to share with the Yorkshire and Humber IMB Chairs and with the Governor at Moorland.

Opportunity has been taken, as Covid-19 restrictions reduce, to embed good practice, such as more association time to mix with others. There are increasing opportunities to invite prisoner and staff suggestions for improvement, with prisoner representation in various fora.

Issue raised in 2020/21 report	Response given	Action taken
Continuing national shortage of secure psychiatric beds, leading to delays in transfer of severely mentally ill prisoners.	<p>Minister said White Paper <i>Reforming the Mental Health Act</i>, published in January 2021, provides commitment to introduce a statutory time limit of 28 days for transfer to mental health hospitals from custody, and a new independent role to oversee the transfer process.</p> <p>‘Current strategic direction continues to be maintenance of existing bed capacity rather than an increase’.</p>	<p>Government has consulted on the White Paper and intends to bring forward a bill ‘when parliamentary time allows’.</p> <p>In line with Government’s stated intention, no action has been taken to increase the number of secure psychiatric beds.</p> <p><i>See paragraph 6.3.2</i></p>
Pilot on increasing accommodation for released prisoners to be rolled out as swiftly as possible.	<p>Minister said pilot to continue until July 2022.</p> <p>£20m to provide 12 weeks of transitional accommodation in five regions.</p> <p>Further rollout nationally will be determined by future funding.</p>	No indication of places from pilot for Moorland prisoners – unclear as to whether rollout has taken place.
Backlog in delivery of programmes identified in prisoners’ sentence plans.	<p>HMPPS stated that new programme staff due to take up post by October 2021. Data being used to understand and manage waiting lists. Focus is on addressing backlog.</p>	<p>Some capacity but limited and only available to those within 12 months of a ‘significant’ sentence date. Remains a frustrating issue.</p> <p><i>See paragraph 7.3.5</i></p>
Budgetary allowance for food insufficient.	HMPPS said that food budget is devolved to	No increase in budgets.

	Governors. Recognised to be challenging, but 'catering team continues to provide nutritionally balanced meals'.	Prisoners have complained about food which has supported negotiations for increased funding (see paragraph 5.1.6).
Re-establishment of key worker sessions.	No written response given on this issue.	Only available to the most vulnerable this reporting year, due to staffing issues, but a key priority for the Governor.
Consideration be given to increasing the number of vocational and accredited qualifications in the workshops, to enhance prisoner confidence and employment opportunities on release.		Workshops have been gradually reopened and progress on vocational qualifications and improved skill development relevant to current employment opportunities is being made (for example, fork-lift truck and warehousing qualifications).

## Evidence sections 4 – 7

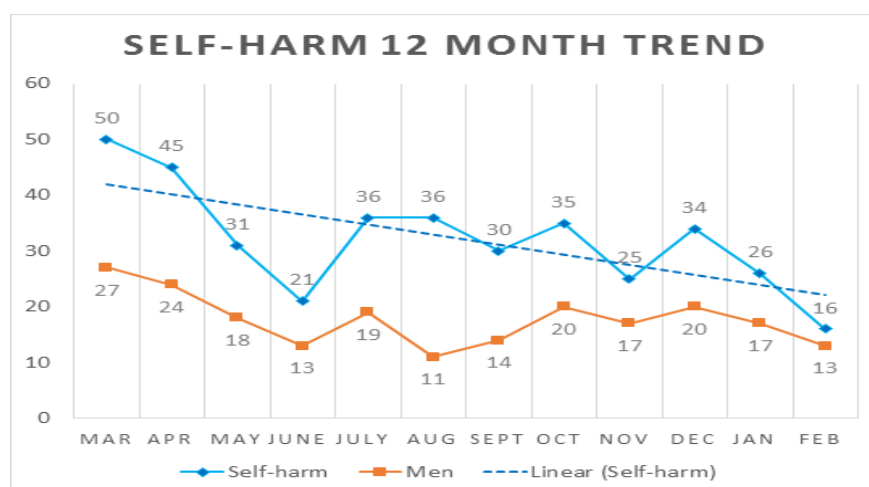
### 4. Safety

#### 4.1 Reception and induction

4.1.1 There were 1,111 receptions in the reporting year, the majority from Doncaster and Leeds. All prisoners were processed in reception and body-scanned prior to transfer to the induction wing. A recently produced 10-minute video has been introduced in the holding cells, advising of the key processes and procedures within Moorland. Written information is also available in a number of languages, giving similar information. Staff will assist in reading information if the prisoner cannot read and an interpretation service can be accessed when needed.

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

4.2.1 Last year, almost all of it in lockdown, we reported that incidents of self-harm had decreased by 26.5% from the previous year, with a total of 373 incidents. This year, the equivalent figure is 385, a 3.2% increase on last year. However, self-harm is on a downward trend, with the highest recorded number of incidents (50) in March 2021 and the lowest (16) in February 2022 (see graph). Safer custody staff suggested that the changing Covid-19 regimes and varying restrictions were unsettling. The main reasons given for self-harm were operational, healthcare, psychological and immigration concerns.



4.2.2 A total of 206 ACCTs were opened in the reporting year, compared with 365 last year. The number and length of an individual prisoner's ACCTs are difficult to ascertain, as now there is a six-week post-closure period for ACCTs and prisoners will typically move in and out of an open/closed status within a single ACCT document. This does mean, however, that a prisoner's risk needs can be met more quickly, with information already to hand. The original case coordinator is retained to support continuity and better relationships.

4.2.3 The templates for ACCT documents changed during the year, prompting more in-depth focus on risk, trigger and protective factors. The ongoing record is more streamlined and encourages staff towards quality entries. However, as with all new processes, it is taking time to embed, with training and support ongoing. IMB members have received a training session and review ACCT documents during their rota duties. They have found the new documents more comprehensive and time-intensive to monitor, but generally of a satisfactory quality.

4.2.4 A total of 14 Listeners are now operational, as a result of training 13 prisoners during the year. Of the 95 prisoners who responded to a prison safety questionnaire in December 2021, approximately two-thirds agreed or strongly agreed that they were aware of the Listener scheme and knew how to access it. There were 34 call-outs during the year.

4.2.5 The Samaritans can be accessed through in-cell telephones, a resource which has been used frequently. According to the PIN telephone system, it is estimated that the Samaritans have been accessed on 5,220 occasions during the reporting year – 435 per month, an approximately 22% increase on the previous year.

4.2.6 During the reporting year, one death in custody was apparently the result of an unintended drug overdose, one was apparently from suicide shortly after release, and the other four were all apparently from natural causes. (see 6.1.3 for PPO reports received).

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

4.3.1 In the reporting year, there were 84 incidents of violence. This compared with 87 incidents in the previous year. Of these, 24 were assaults on staff (27 in the previous year) and 60 were prisoner-on-prisoner assaults (60 during the previous year). The main reasons given for the violence between prisoners were retaliation (35%) and bullying (20%). 'Issues with staff' were the main reason given for assaults on staff, which often occurred after a challenge. An analysis of applications to the IMB from prisoners shows that approximately 8% concerned prison staff.

4.3.2 Challenge, support and intervention plans (CSIPs) are considered a key tool for improving safety in prison. While, on average, 63 referrals were made per month in the previous reporting year, this has risen to an average of approximately 125 referrals per month this year. This may be attributed to increased time out of cell, increased mixing of cohorts and increased 'under the influence'/medication finds.

4.3.3 The monthly CSIP referral rate can be seen as high against consistently low levels of violence in the prison, but the ethos in the safer custody team is to capture anti-social behaviour proactively, rather than only receiving referrals reactively for instances of violence. Conversion from referral to plan is relatively low with a monthly average around 20. The approach adopted to devising the plans is not only to include an intervention which is relevant to the issue raised, but also to consider any work being done with the prison offender manager (POM). The aim is to shape behaviour through the CSIP, rather than just manage it by monitoring the prisoner.

4.3.4 It is encouraging in this context that of the 95 prisoners who responded to the safety questionnaire in December 2021, approximately two-thirds agreed or strongly agreed that they have felt safe at HMP Moorland.

4.3.5. Although CSIPs have been live in HMPPS since 2018, they are said to be more developed at HMP Moorland than at other establishments in the Yorkshire and Humberside region and managers have told us that there is scope to develop CSIPs further, particularly for the prison's young adults.

4.3.6 During the reporting year there were no serious incidents which required national resources to attend. Occasionally the IMB has been notified when a serious incident has been declared. The on-duty member has then been kept informed, via telephone, of the progress and resolution of the incident. The welfare of the prisoner has been checked by telephone on their transfer to the segregation unit. Confirmation has been given by the Governor that the IMB are welcome observers in the command suite.

#### **4.4 Use of force**

4.4.1 During the reporting period there were 242 use of force incidents recorded, as compared with 286 in the previous year, and 340 in the year before that – a pronounced downward trend. Age and ethnicity continued to be noted for monitoring processes and the Board will give attention to this in the forthcoming year.

4.4.2 PAVA was drawn on two occasions during the year, but only used once. Batons were drawn on two occasions, but not used. The special accommodation for violent prisoners was used only once during the year.

4.4.3 All incidents where force is used are reviewed at the weekly use of force development meetings, with an overview available at monthly meetings, to which the IMB is invited and has attended during the latter part of this year. In addition to considering general trends, and issues such as the availability of training, incidents captured on body-worn cameras (BWCs) are painstakingly reviewed, with learning points identified and good practice commended. The use of BWCs gives reassurance that, generally speaking, incidents are well handled, using the minimum necessary force.

4.4.4 HMP/YOI Moorland was one of the first prisons to restart control and restraint training during the pandemic. Refresher training across the prison in the other main relevant training package – SPEAR (spontaneous protection enabling accelerated response), which covers personal protection techniques – is needed. It is expected to be rolled out for both officers and civilian staff in the coming year.

#### **4.5 Preventing illicit items**

4.5.1 The use of the body-scanner in reception has continued to be the first point of prevention for incoming prisoners and subsequently is used following any suspicious activity e.g. prisoners apparently “under the influence” (UTI), substances found or security intelligence. During the year there have been 2,677 body scans completed,

with 124 positive indications, 99 of which were attributed to new receptions. Those prisoners testing positive are held in 'dry cells' on the segregation unit, receiving daily body scans until they test negative. The Board has monitored some of the longer stays with the responsible governor, and an external audit showed that the quality assurance in the use of the body scanner was excellent.

4.5.2 Due to the prevalence of 'spice'-impregnated paper, all incoming mail is scanned, except legal correspondence, which can be tested without being opened, if there are concerns. Reception prisoners also have their clothing washed and returned to them, to ensure that no spice-impregnated paper secreted in clothing is brought into the prison in this way. Staff are active and acutely aware of the need to identify and close any new avenues for the passing of illicit items.

4.5.3 During the Covid-19 pandemic, mandatory drug tests were generally suspended, unless there was suspicion of use. However, it is planned that these will be reintroduced more widely in the near future.

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

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

5.1.1 Where possible in the last year, the Board, as part of its planned three-month rota duties, has monitored all accommodation and functional parts of the prison. A short weekly report is made to the Governor, drawing attention to praises/concerns and requesting a response to the latter. The Governor has stated that this independent view is appreciated.

5.1.2 Re-roofing the accommodation and improvements to houseblock 8 are ongoing. Generally the establishment is presented in good way, with routine and reactive maintenance continuing. Approval has now been given for prisoners to take part in painting activities around the prison.

5.1.3 The kitchens are staffed professionally and supported by 32 prisoners. The introduction of the Clink programme is encouraging as it supports vocational training qualifications that can be used in the community. Food is cooked in the main kitchen and is then transported to individual houseblocks in heated trolleys; prisoners then collect their meals from individual serveries. The Board has not always been able to locate the servery comments book on houseblock visits – it is often not easily accessible for prisoners to insert comments or for review by the IMB. The IMB would expect and encourage prisoners to be able to make use of this means of communication. We understand that the kitchen staff do routinely review the books.

5.1.4 The freezers were operated by a single compressor serving multiple freezers and unfortunately it failed during the year. This led to a long period of free-standing temporary freezers being located remotely from the kitchens; this caused some concern in respect of security and access. This has now been resolved and all freezers are self-contained with their own compressor.

5.1.5 The provision of food is a key issue in a restricted environment and the Covid-19 policy of providing the main meal at lunchtime, with a lighter evening meal, has received negative responses from prisoners. Many of them report being hungry and therefore using their money on canteen spending to supplement the food provided. The Board anticipates that the practice will revert to an evening main meal.

5.1.6 During the year food-related applications rose in a spike due to a concerted approach of over 50 applications from one houseblock; these related to the quality/quantity of the food and equality issues were also raised. Investigations were made and all applicants received a response. The kitchens manager visited the wing to listen to and answer concerns. If this spike is removed, food complaints remain low.

5.1.7 Around 50 types of menus dealing with religious, medical-approved and other needs are provided from the kitchen on a daily basis. The kitchen management is concerned that the national daily food allowance of £2.02 per prisoner is insufficient and is in discussion with the Governor for a local increase.



## **5.2 Segregation**

5.2.1 The segregation unit has in the main been quieter during the year and this reflects the continued restricted regime. However, there has been an increase in admissions due to body scanning issues. In the last year some cells on the unit have been used as a Covid protective isolation unit (PIU): 44 prisoners were located in the segregation unit when they were Covid-19 positive. Those prisoners located there for Covid reasons received their normal regime.

5.2.2 There is an overall capacity of 28 cells in the segregation unit, with an average of 34 receptions per month, about 25% higher than last year. However, the average stay was seven days, approximately 50% shorter than last year. This may relate to the doubling of prisoners transferred to the segregation unit following a positive body scan. Only six men remained in the unit for more than 42 days, and all were appropriately authorised.

5.2.3 During the year there were 1,754 adjudications, a 15% increase on the previous year, probably reflecting the increased movement, both into and within the prison.

5.2.4 The Board is notified of all transfers to the segregation unit and aims to see those prisoners within 72 hours. Sample adjudications are observed, usually on a weekly basis, and all prisoners in the unit are visited once a week. The Board attended 83 segregation review meetings during the year, 61 in person and the rest remotely, using the spider telephone when not attending prison. The staff are very helpful, although inevitably in this setting, when talking with prisoners there are times when the balance between safety and confidentiality can be challenging.

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

Generally, the relationships between prisoners and staff are good although it was worrying that approximately 25% of 0800 applications related to staff/prisoner concerns/bullying. It is disappointing that the meaningful key worker relationships have not developed as planned, due to both Covid restrictions and shortage of staff. This remains a key priority for the future. Those prisoners considered vulnerable have been receiving key worker sessions when possible.

## **5.4 Equality and diversity**

5.4.1 There were 18 discrimination incident report forms (DIRFs) submitted about staff and 33 about prisoners within the reporting year. Fourteen (27%) were reviewed by the IMB, the majority of which complied with Moorland Prison's DIRF guidance. It was found that DIRFs received were investigated and responded to within a reasonable timeframe, and responses were polite and professional. Concerns identified were raised with the equalities officer and, where appropriate, practice was addressed.

5.4.2 Comp 1 (complaint) forms alleging discrimination are re-routed to the equalities officer to be processed as a DIRF and appeals against DIRF findings can be submitted on a Comp 1A form.

5.4.3 Moorland prison has online equality and diversity training for staff, with 49 staff completing this within the past year. During the year, there have also been 12 sessions of DIRF and personal emergency evacuation plan training, attended by 96 staff, and 16 staff attended 'banter' workshops (discussing when 'banter' may be deemed offensive/discriminatory).

5.4.4 There is a bimonthly equality action team (EAT) meeting; a member of the IMB attends when possible and always receives minutes. Individual protected characteristics fora meet and inform the EAT. The EAT action plan is reviewed and updated at each meeting.

## **5.5 Faith and pastoral support**

5.5.1 The chaplaincy team has continued to play a significant role during the pandemic, but is disappointed not have been able to resume universal group worship, due to restrictions. The core chaplaincy team encompasses some Christian denominations and Islam. Visiting ministers provide pastoral care across a range of faith traditions including: Buddhism, Hinduism, Judaism, Sikhism, Jehovah's Witness, Humanism, Quaker and Paganism. Support is provided to all regardless of beliefs.

5.5.2 There is usually literature about Islam and Christianity available, and literature for all faiths can be accessed on request. Religious texts belonging to newly arrived prisoners, like all other books, are retained in reception for testing, to ensure that the paper is not impregnated with illicit substances. The chaplaincy is able to lend a replacement Bible or Qur'an until the prisoner's own books are returned.

5.5.3 The chaplaincy team has continued to make use of the in-cell television by broadcasting Christian worship and Friday prayers, and marking festivals. It has provided weekly reading/prayer/reflection for all faiths using central and locally created newsletters to help prisoners feel better connected. The chaplaincy use of the in-cell telephone facility has been critical to keeping the team connected with larger numbers whom they do not have the capacity to see face to face, and they have made this facility available to the IMB, including for interviews with prisoners serving IPP sentences.

5.5.4 The chaplaincy has continued to deliver socially distanced pastoral support to the prisoners in their care. Chaplains have been able to provide access to funerals via i-Pad and facilitate moments of reflection/candle lighting following bereavement. The team has made itself available to visit and speak to prisoners when they have encountered faith issues, general pastoral issues or felt isolated.

## **5.6 Incentives schemes**

A new incentives policy has been introduced and implemented as the Covid-restrictions reduce.

## **5.7 Complaints**

There was a total of 1583 prisoner complaints, approximately 131 per month. The highest category was 'property' (14.5%), which mirrors the highest IMB application category, when property issues both within and between establishments are combined (17%).

## **5.8 Property**

5.8.1 A total of 62 IMB applications this year related to lost property (17% of the total), 40 of which (almost 11% of the total) concerned property lost during transfer between establishments. The weight and/or volume of a prisoner's property often exceeds the allowance permitted on prison transport, so some is left behind to be transferred at a later date. Frequently this does not happen, and much time is spent by both prison staff and IMB members trying to trace missing items, often without success. While the prisoner may eventually be compensated for proven financial losses up to a certain limit, some items of a personal nature (e.g. photographs of relatives who have died, a mother's rosary beads) are irreplaceable, and their loss is deeply upsetting for the prisoner.

5.8.2 Internal losses are often triggered when short-notice moves are carried out and there is a delay in locking down the cell.

## 6. Health and wellbeing

### 6.1 Healthcare: general

6.1.1 General healthcare continues to be commissioned by the NHS and provided by Practice Plus Group. The dental contract is separately managed by NHS England.

6.1.2 There has been no Care Quality Commission inspection during this reporting year.

6.1.3 There have been six deaths in custody this year (see 4.2.6.) including one post-release. The IMB has seen reports from the Prisons and Probation Ombudsman on all of them. While the clinical reviewers have identified some healthcare issues, they were of the opinion that in no case did these affect the outcome for the prisoner. The overall care provided to each prisoner was acceptable, and equivalent to that which he could have expected to receive in the community. Healthcare staff are implementing action plans to address the issues raised.

6.1.4 The IMB received 52 health-related applications this year (up from 32 last year), including 10 from one individual.

<b>Issue</b>	<b>No. of applications</b>
Quality of clinical care in Moorland	13
Delay in access to care or medication	13
Delayed hospital appointment	1
Miscellaneous other	24
Details not found for review	1
<b>Total</b>	<b>52</b>

6.1.5 The majority of those complaining about the quality of medical care related to clinical decisions about changing or stopping medication with which the prisoner disagreed.

6.1.6 Applications about delays in access to care or medication highlighted issues related to long waits for dentistry and repeated cancellation of appointments at the specialist pain clinic. It was, indeed, the case that there were regrettable delays in access to these services (see paragraphs 6.2.5 and 6.2.8 below), but otherwise there was nothing in these applications which caused the IMB concern about the overall standard of health care in this prison.

### 6.2 Physical healthcare

6.2.1 The Covid-19 pandemic continued to impact on the provision of healthcare over the reporting period, but the IMB is satisfied that everything possible has been done to maintain essential services and to minimise the risk of infection. Public Health England advice is followed and masks/testing continued during the year. A number of healthcare workers have been off sick due to Covid-19, but staffing levels have been maintained by the use of bank staff.

6.2.2 Covid-19 case numbers fluctuated over the year, with a big outbreak in January 2022. The prison complied with advice from Public Health England, and the outbreak was brought under control, with no fatalities.

6.2.3 The vaccination programme within the prison has mirrored that in the community and by January 2022 84% of those eligible had received first and second doses plus a booster.

6.2.4 The IMB is pleased to note that there has been an increase in GP sessions since our last report. Primary care services are now provided by one regular GP who attends two days per week and a locum who attends one day per week. In addition, a trainee advanced nurse practitioner attends one day per week. Cases are always triaged so that urgent problems can be dealt with (e.g. GP urgent care within 48 hours). The IMB has not received any applications about GP access this year.

6.2.5 Dental activity was severely limited by Covid-19, and a huge backlog for non-urgent work built up, as reflected in the IMB applications (see also paragraph 6.1.6). Many prisoners will not be seen before their release date, and so have been informed that they have been removed from the waiting list. Even so, the waiting time currently stands at a year, compared with 22 days two years ago. The IMB has been told that NHS England is aware of this and it has been raised in contract meetings. One extra session has been added per week to try to catch up, but in our opinion the dental service provided in this prison is not currently equivalent to that generally available in the community, although there are significant waits and a dearth of provision in some localities.

6.2.6 The optician did not attend for part of the year due to Covid, but by the end of the reporting year had returned to providing a normal service; extra sessions have been added, bringing the waiting time down to eight weeks, compared with six days two years ago.

6.2.7 Similarly the podiatry service was interrupted, but is now tackling the backlog with an extra session. The waiting time is also down to eight weeks, compared with five days two years ago.

6.2.8 The pain clinic has been cancelled on many occasions this year, which accords with the IMB applications about this. The IMB has been told that this was due to a combination of sick leave, annual leave and competing demands on the time of the specialist nurse. The waiting list is now down to one month.

6.2.9 Healthcare reports a high 'did not attend' rate across all areas (see table below). The rate for GP appointments is almost double what it was in 2020. Healthcare attributes the high rates to prisoners declining to keep their appointments, but the IMB has not yet been able to investigate whether this is the full explanation. On at least one occasion a prisoner informed the IMB that he had missed his appointment because he had not been taken to the clinic by officers.

## **DNA rate in healthcare – February 2022**

Doctor	15%
Podiatrist	33%
Dentist	20%
Optician	56%
Physiotherapist	62%
Nurse triage	10%
Assistant practitioner	38%

### **6.3 Mental health**

6.3.1 The mental health team has continued to provide input to ACCT reviews and segregation reviews.

6.3.2 The consultant psychiatrist conducts a remote session every day, and the IMB has been pleased to note that two prisoners we have visited in the segregation unit, who were clearly suffering from severe mental illness, have been promptly assessed for admission to hospital under the Mental Health Act. However there are still delays in transfer because no NHS psychiatric bed is available.

### **6.4 Social care**

6.4.1 Healthcare reports that timely pre-release assessment and intervention are provided to prisoners who are identified as 'at risk' and/or have significant and complex needs. This is intended to allow timely access to social workers, ensuring continued joint care packages after release. However the IMB has no direct evidence about how well this works.

### **6.5 Exercise, regime**

6.5.1 The normal exercise regime has gradually resumed as Covid-19 restrictions have been relaxed, with increasing access to the gym.

6.5.2 Time out of cell has also gradually increased over the year as workshops have reopened and education sessions have resumed.

### **6.6 Drug and alcohol rehabilitation**

6.6.1. A full suite of psychosocial group work and one-to-one sessions is available to ensure understanding of the risk and harm caused by drug use. Substitute prescribing is tailored to meet the needs of the individual, with an emphasis on reduction to abstinence.

6.6.2 All prisoners released into the community are given a pre-release session to reflect on their progress and motivate them to continue to change. Appointments are made with the local drug teams where possible; otherwise prisoners on release are given details of how to attend the services in their area.

6.6.3 Naloxone, to counteract the effect of an opiate overdose, is issued if applicable, and those released will have access to a prescription to continue treatment if appropriate.

## **7. Progression and resettlement**

### **7.1 Education, library**

7.1.1 The prison has a clear vision for providing high-quality accredited qualifications; however, this was compromised by the Covid-19 restrictions.

7.1.2 Education has been provided in-cell and in small wing groups to prisoners, regardless of location, with current availability in education and some workshop opportunities. There has been targeted curriculum provision, with a focus on the resettlement needs of those on short-term sentences, and hard-to-reach prisoners. Longer courses are offered to those who have time to complete full qualifications.

7.1.3 Tutors have used the in-cell telephone system and one-to-one sessions on the houseblocks. When possible, prisoners struggling to complete courses or needing more support are allocated to attend education classes. Multi-media promotions encouraged learner engagement and retention. Despite Covid-19, leaders and managers ensured that, where possible, exams were still taking place. Achievement rates across the education provision were high, with the vast majority of learners (92.65%) succeeding throughout 2021/22.

7.1.4 Leaders and managers gave parity to all prisoners in accessing the available range of the education support worker provision. Those with learning difficulties and disabilities (LDD) and neurodivergent needs were equally supported across the education provision, and there was only a 3% gap between their achievements and those of non-LDD learners.

7.1.5 There are areas needing improvement:

- Prison officers' contact time with prisoners and availability to undertake mentoring, and Shannon Trust (reading programmes) work is limited when they are seconded to bed watches and other duties, which is frustrating to prisoners.
- Whilst the 'learner voice' is embedded extensively in varied forms, there is a need to increase the frequency of direct for a consulting/engaging learners in dialogue and curriculum development.

7.1.6 The library has continued to provide books to houseblocks including the segregation unit, but library visits have been limited and the library on house block 3 has yet to reopen.

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

7.2.1 Prisoners are gradually returning to work but most on a part-time basis, resulting in reduced pay. This has allowed a greater number of prisoners to work within the Covid-19 restrictions and is planned to continue in the 'recovery model'. However, there is a growing issue that prisoners' pay from work is not keeping up with the increase in costs from the permitted canteen catalogue; this is a national issue.



7.2.2 Essential services, including kitchens, breakfast packs and DHL orders, have been maintained throughout the year. This was particularly challenging at the height of various Covid outbreaks when the availability of prisoners and staff was very limited.

7.2.3 The required security checks appear to have impacted on the availability of wing workers, disappointing a number of applicants.

7.2.4 There has been good use of Connect TV (the internal prison television channel) using the skills of the prisoners working there to improve and support communication during the pandemic.

7.2.5 More training of workshop staff is required to achieve both vocational qualifications (where available) and develop prisoners' progress and soft employability skills. For the latter, the use of the measure "your employability progress" (MYEP) booklets needs to be promoted.

7.2.6 There have been nine (2%) Board applications regarding 'purposeful activity', up from two (1.3%) last year, but this is still a small proportion of the total.

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

7.3.1 During the reporting period, the OMU has employed nine new members of staff. Despite this, the delivery of service is not yet at the required level due to reduced staffing levels as a result of maternity leave, phased returns after absences and staff not yet being fully trained.

7.3.2 The number of outstanding offender assessment system (OASys) reports has ranged between 30 and 50 during the reporting period. There remains a backlog for OASys completions, due to the failure to complete these in local prisons, and staffing shortages.

7.3.3 Sentence plans have been completed, where possible, using in-cell telephony, which has proved invaluable. During the reporting period 1,310 categorisation reviews have taken place. The recent changes in recategorisation policy have resulted in an increase in the number of prisoners due for review. This change has impacted on the OMU staff workload.

7.3.4 Due to the impact of Covid-19, the prison implemented a programme needs assessment (PNA) triage process for PCOSOs, to assess the likelihood of high-intensity intervention being the preferred pathway. This supports timely assessments and ensures resources are used effectively. Those in the general prison population needing a PNA are identified by the programmes department promptly following their arrival at Moorland. In both cases, their POMs are informed.

7.3.5 Horizon, Resolve and Thinking Skills (TSP) programmes have continued to be delivered despite Covid-19 restrictions and staff shortages. During the reporting period, three groups of Horizon courses were successfully completed, with 15 participants starting and completing the programme. Twenty-seven prisoners are

awaiting a place on Horizon, 30 prisoners have been identified as requiring a PNA triage and 73 are awaiting a Horizon interview. Resolve started in January 2022, with eight group members. This is the first course to be held in three years due to the impact of Covid-19. Thirty-five prisoners have engaged in Timewise. TSP courses have taken place with all 25 prisoners successfully completing the course and there are 117 on the waiting list.

7.3.6 Early in 2022, the Board completed an informal short survey in respect of the 22 IPP prisoners at Moorland (those legacy prisoners who are still held with indeterminate tariffs as they fall outside of the 2012 legislation, which changed the law). It is clear from the Moorland IPP prisoners' perspective that there is little understanding of their situation by officers or any adjustment in provision for them. The survey ( see Appendix) highlighted a series of common themes that concerned these prisoners:

- little form of recognition
- lack of individual progress action plans that could assist with their parole pathway
- lack of accommodation arrangements
- lack of family support
- lack of regular in-prison IPP forums
- lack of specially trained officers/key workers

7.3.7 HMPPS has issued a number of papers in relation to IPP prisoners including a key document 'IPP Ideals' (2019) that sets out nine 'priority ' and four 'key' ideals for prisons in working with IPP prisoners. This document presents best practice on the ongoing management of this group. Despite a number of IPP prisoner-focused meetings with senior staff, neither this nor any other guidance notes were referred to; this is of serious concern to the Board. In the new reporting year, the Board will take specific and regular interest in the ongoing management of this prisoner group; it intends to monitor progress against the 'Ideals' paper.

7.3.8 Some face-to-face Parole Board hearings did recommence temporarily, although most continued to run throughout the pandemic via video link and Microsoft Teams. The move to remote meetings has resulted in some hearings taking longer, which has implications for prisoner and staff welfare, as some hearings extended beyond the standard working day, resulting in lack of support for prisoners or staff following the hearing.

7.3.9 There have been 1,111 receptions to Moorland during the reporting period, 169 transfers and 953 releases, of which 183 prisoners were released on home detention curfew (HDC).

7.3.10 HMP Moorland currently has 20 category D prisoners, most awaiting transfer. Release on temporary licence (ROTL), although under consideration, is not currently taking place.

## **7.4 Family contact**

7.4.1 All cells, apart from those on houseblock 8 and the segregation unit, have access to in-cell telephones. This has proved to be invaluable while Covid-19 restrictions have been in place as the prisoners have been able to maintain contact with their families more easily. Segregated men are given the opportunity to access the telephone once a day. Those on houseblock 8 have access to a mobile phone at specified times.

7.4.2 When an area is considered an outbreak unit due to raised Covid-19 infections, outgoing mail is quarantined for a period of 72 hours. Incoming mail is photocopied, following established procedures.

7.4.3 During the reporting period, the opportunity for families and friends to visit HMP Moorland, and the visiting times and procedures, have changed in line with coronavirus restrictions. Families are able to follow changes to the arrangements via social media.

7.4.4 The changes to the visits process which had been introduced earlier in the pandemic in order to ensure Covid safety for staff, men and visitors continued but were reduced as Covid restrictions allowed.

7.4.5 'Purple Visits' video calling was continued across the prison, with each house block having its own allotted sessions, to prevent unnecessary mixing between residential units.

7.4.6 During the most severe restrictions, a family engagement worker from the Prison Advice and Care Trust (Pact), which provides support to prisoners and their families, worked remotely from the resettlement hub, making use of the 'call to cell' facility. Pact continued to support men with CAFCASS (children and family court advisory and support service) and court hearing/interviews. Pact also liaised with schools to support the children who had fathers in Moorland.

7.4.7 During the times when Pact was unable to run group work, they offered a range of workbooks, enabling prisoners to focus on topics such as managing worry, parenting and family matters.

7.4.8. Awareness of the services available for prisoners and their families has been shared with prisoners via Connect TV (see paragraph 7.2.4) and families via social media.

7.4.9 In October 2021, group work started again, with a six-week course, Within my Reach, which can be part of a prisoner's sentence plan, and Coming Home for men in the last six weeks of sentence. Workbooks were available for those who did not want to meet in groups.

7.4.10 In April 2021, Storybook Dads was temporarily suspended because the changes in the Covid restrictions prevented face-to-face recordings. This was replaced by the Swaps project, where parents and children exchanged information

by post. However, over the year, the Storybook Dads project has been maintained where possible and it was particularly popular pre-Christmas, when the project expanded to include children's activity packs, personalised Christmas cards and poems. In the latter part of the year, the project has evolved into a bedtime reading service using early evening Purple Visits sessions.

## **7.5 Resettlement planning**

7.5.1 Men have still been identified in the last 12 weeks prior to release and the support offered to them has been done remotely via in-cell telephony and internal mail, depending on the circumstances.

7.5.2 Under the new framework, the National Association for Care and Resettlement of Offenders (NACRO) now supports men released in South Yorkshire and Humber, while men released out of area are referred to local agencies. Data was not collected between June and December 2021, whilst the new framework was being established. Between December 2021 and February 2022, there were seven discharges to no fixed abode in South Yorkshire (the average number of quarterly discharges being 238).

7.5.3 The advanced personal management scheme delivers a seven-week programme focusing on behaviour and relationships in preparation for release, funded by the EU employment support scheme (CFO3).

7.5.4 During the reporting year, Turning Point have attended Moorland on a number of occasions to deliver low-level mental health support to prisoners on the CFO3 project, and they have offered support 'through the gate'.

7.5.5 Debt support, via specialists Access 2 Advice, was delivered remotely for a small number of prisoners. Living Independently, a budgeting course, was delivered via workbooks.

7.5.6 Self-employment support, via RIFT Social Enterprise, has worked with 25 prisoners.

7.5.7 Department for Work and Pensions staff were unable to return to Moorland until later in the reporting year. They are now seeing prisoners face to face, offering advice regarding benefits and support 'jobwise'.

## The work of the IMB

The Board has operated a mixture of prison attendance and remote working, according to Covid-19 restrictions and personal health issues. The Board welcomed their return to regular prison attendance when possible, and face-to-face contact with prisoners and staff was mutually appreciated. Members have continued to receive the daily brief via email and the Chair has maintained regular telephone contact with the Governor, when face-to-face meetings have not been possible.

Prisoners have continued to make use of the 0800 applications telephone line, as well as paper applications. Monitoring of all parts of the prison has been resumed. Often, members have chosen to combine rota duties, and work longer, but less frequent, days in the prison.

During the year, one member of the Board resigned. Two members completed their period of induction and another new member started as the result of the Yorkshire and Humber regional recruitment exercise.

We were able to make use of funding to hold a planning half-day in August, which was appreciated by all and informed our resumption of duties within the prison and priorities for the future.

Of significance is the ongoing work focusing on IPP prisoners. This followed designating IPP prisoners as a priority at our planning day, and a subsequent presentation by the senior probation officer. It has developed into a regional piece of work, identifying both the numbers within the region and also the experiences of this often overlooked group.

### Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	320
Total number of shifts on the 0800 telephone line	15
Total number of segregation reviews attended*	83 (61 in person and 22 by spider-phone)

\* this figure is review meetings attended rather than the number of individual prisoner segregation reviews attended.

### Applications to the IMB (including via the 0800 telephone line)

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	1	14
B	Discipline, including adjudications, IEP, sanctions	10	18
C	Equality	9	23
D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	9
E1	Letters, visits, telephones, public protection restrictions	5	29
E2	Finance, including pay, private monies, spends	4	6
F	Food and kitchens	2	56*
G	Health, including physical, mental, social care	32	52
H1	Property within this establishment	11	22
H2	Property during transfer or in another establishment or location	12	40
H3	Canteen, facility list, catalogue(s)	1	9
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	15	28
J	Staff/prisoner concerns, including bullying	18	30
K	Transfers	3	14
L	Miscellaneous, including complaints system, <i>Covid 19 Apps</i>	25	16
	Total number of applications	150	366

\* this includes 52 applications from a houseblock on a single day regarding various complaints about the food.

The number of applications was approximately 30 per month. Even excluding the 52 food applications, the total has roughly doubled from last year. As mentioned, 33% have been via the 0800 line, with a number of prisoners submitting both paper and 0800 applications for the same concern.

## Appendix

# PRISONERS SERVING INDETERMINATE SENTENCES FOR PUBLIC PROTECTION (IPP)

## 1. Rationale

In September 2021, the House of Commons Justice Committee announced a review of IPP sentences affecting about 2,200 legacy prisoners still being held under the 2005 legislation, later amended in 2012 removing this sentence option.

At around the same time, a number of IPP prisoners had informally approached IMB members in respect of their

*"I need to complete a programme that is not available at Moorland but is offered at HMP X; HMP X won't have me back as I caused problems when I was last there; at the moment I am stuck and cannot get parole"*

*"At my last prison I had a single cell or shared with another IPP"*

*"I don't think that staff have any real knowledge of IPP's; there are so few of us"*

frustrations and concerns. The Board was aware that a number of prisoners had submitted evidence to the Justice Committee. However, our concern was focused on the care and safety of the prisoners at Moorland.

Following discussion, the Board agreed to a survey to collect anecdotal information from this group.

## 2. Data collection planning

Two members agreed to undertake the survey and present their findings to the Board.

A meeting with the senior probation officer (SPO) confirmed that the prison holds around 20 IPP prisoners at any time, and there is a larger number of PCOSOs (15) than 'mains' (5)

*In a recent daily report, a long term IPP prisoner self-harmed as his short-term cell-mate had been discharged; on discussion with staff as to reasoning, he said that it upset him as his cell mates regularly left after a few weeks. In other prisons, IPP prisoners have a single cell or share with another IPP prisoner.*

A number of discussions were held with the SPO and a prison template was provided indicating each prisoner, index sentence and recall history. Discussions were held with the prison offender managers to identify those prisoners who might make a meaningful contribution to a survey. These were written to, and a choice of method of responding offered, e.g. face to face, telephone call or letter.

Finally, after a number of iterations, the approach was through letters of invitation and word of mouth. Five PCOSOs and two others were invited, and they contributed on a one-to-one basis.

A simple template was adopted, asking five open questions over a 30-minute period, to allow the prisoner take the lead and let the conversation to develop.

### **3. Results**

The seven interview results revealed a number of themes (in no particular order):

- Mental health issues (in some cases, periods sectioned and attempted suicide) due to uncertainty about the future and seeing other prisoners come and go frequently
- Apparent lack of knowledge by prison staff about IPP sentences and their meaning; no support in respect of the future
- Accommodation issues: sharing a cell with a short-term cell-mate causes stress
- Family stress
- Variability in quality of internal probation/offender management unit support at parole hearing times
- Work provision does not reflect need; many have been out of society for 15 years or more
- Lack of group representation
- Question on separate Prison Service Orders/Prison Service Instructions (PSOs/PSIs) for IPP prisoners and whether any additional funding is available for this group

### **4. Next steps**

In parallel to this work, the IPP issue has been discussed at Yorkshire and Humber regional level. It was agreed that IMBs in the region will be invited to complete a similar survey to our own, using the same pro-forma. All the results will be collated, to be forwarded to our national chair and management board for, hopefully, a national IMB response on the situation of IPP prisoners.



Locally, this report will be presented to the Governor with the following suggestions:

- A number of officers to be trained to support IPP prisoners and act as key workers to this group
- Those officers to support and lead regular IPP fora and development groups in Moorland
- Review of internal/external probation and key worker support, particularly during the run-up to a parole hearing, to ensure that the prisoner's submission is prepared in the best way to assist the case.

## **5. Future work**

There are a number of issues that the Board needs to explore further:

- Is additional money made available for an IPP prisoner, over the standard rate?
- Are there additional PSO/PSIs for IPPs?
- Do IPP prisoners need to work to receive pay?

SC/AH Feb 2022



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