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

For reporting year
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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 offenders (YOs). We understand it to be the only category C prison in the region which is also holding YOs (those aged 18-21).

It is a hub for foreign national prisoners, and five out of eight houseblocks house 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'. We shall use those designations throughout this report.

Two houseblocks incorporate incentivised substance-free living units (ISFLUs). Part of another has been 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. Now, however, this is becoming a primary care unit, also containing two beds for palliative or end-of-life care.

Part of one Res 1 houseblock houses the CFO (Creating Future Opportunities) Evolution Lighthouse Project which is developing resettlement programmes for young adults (those aged between 18 and 25, and including YOs).

During the reporting year, the numbers held fluctuated between 982 and 1023[1]. These were generally lower than the previous year because of the closure of some accommodation for a major fire safety upgrade. Of the total prison population at the end of the year, 605 were PCoSOs, 99 were foreign national prisoners, and 138 were young offenders (aged 18-21) and young adults (YAs, aged 18-25). There were fewer than 20 prisoners serving imprisonment for public protection sentences (IPP prisoners, 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

- Staff in Reception and Operations have worked hard to ensure all new receptions, escorts, transfers and discharges are processed in a decent, secure, and timely manner. They were recently commended in a Bus to Bed safety audit.
- During the year, new procedures were introduced to mitigate the impact of delay in transferring PIN numbers from private prisons, aimed at reducing anxiety for new arrivals.
- Property not transferred with the prisoner continues to be a source of frustration.
- Measures were put in place to ensure that in-possession medications were pulled from property bags on arrival, so men would always have access to prescribed medication if they need it on the same day.
- 272 ACCTs (assessment, care in custody and teamwork documents, used to support prisoners who are at risk of self-harm and suicide) were opened in the reporting year, while 142 ACCT's were re-opened from post-closure. 477 self-harm incidents were recorded. 65 of these were YOs aged 18-21 inclusive.
- There were seven deaths in custody during this period - three following transfer to hospital and four in the prison. None is believed to have been self-inflicted.
- In all cases, the Board has been impressed by the way in which the prison has handled these very sad events, and the care extended to staff, other prisoners and family members affected.
- There were 216 incidents of prisoner violence during the reporting period. 37 of these were assaults against staff and 125 were prisoner-on-prisoner assaults, with the remaining 54 comprising fights between men. YOs aged 18-21 were involved in just over half of those incidents.
- The prison has taken measures to reduce the opportunities for violence.
- With a total of 392 incidents, Moorland records a low to moderate level in the use of force (UoF) for a prison of its size, but that number continues an upward trend. Of the 392 incidents, 58 were planned interventions.
- The use of body worn video cameras (BWVCs) from the start of UoF incidents has become more consistent.
- The proportion of officers with in-date control and restraint training had reached 94.6% by the end of the reporting year against a target of 80%.
- The prison is working proactively to reduce illicit substance use within the establishment.

Fair and humane treatment

- After completion of fire upgrade work, one houseblock was left by the contractors in a dirty and unsatisfactory state which took some time to remedy.
- Persistent problems with bed bugs on some units have resulted in a number of cells being out of order.

- The number of previously single cells being used as doubles, with a shared toilet, has not been reduced.
- In segregation, a record is made every day of whether a prisoner wants a shower, exercise and phone call. At the suggestion of a Board member, recording was extended to distraction materials.
- A review of a random sample of 13 discrimination incident reporting forms (DIRFs), showed that the quality of investigations was good, and the outcome was communicated clearly to the prisoner, with an explanation of next steps if they were dissatisfied.

Health and wellbeing

- Poor communication and delayed provision of services to prisoners were exacerbated by the dispersal of healthcare staff and services during closures for works.
- The format and quality of information at the bi-monthly healthcare monitoring meeting have noticeably improved since last year.
- There were a total of 73 healthcare-related applications to the IMB this year, compared with 63 in 2024/25. This is again the highest number in any IMB category.
- Work to establish an enhanced care unit is ongoing, but at the moment palliative care patients and their families are not receiving the same input as they would in the community.
- The number of internal health appointments described as ‘did not attend’, and the number of missed outside appointments, were both of concern.
- Staff availability was the biggest factor impacting on regime provision. While all prisoners had a minimum of two hours out-of-cell daily, this sometimes meant 22 hours in cell for those without access to education or work.
- There are significant obstacles to the recruitment of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) amongst Res 1 prisoners.
- One of the frustrations of the mental health team is the lack of planned housing on release, which prevents continuity of access to mental health support for those prisoners who need it, resulting in significant local authority safeguarding referrals and an increasing chance of return to custody.

Progression and resettlement

- Educational provision is, generally, well regarded, and observations of education sessions indicate a high standard of teaching, with productive discussions.
- There have been reductions in face-to-face teaching hours due to budgetary changes. Art classes have been discontinued, despite notable examples of high-quality artwork produced by prisoners.
- It would be a positive development to introduce basic domestic skills training, such as meal planning and cooking, potentially delivered via prison television.
- There is a recognised shortage of training opportunities which lead to externally recognised qualifications, such as NVQs.
- The rapid churn of Res 1 prisoners made for an unstable workforce in the kitchens, so Res 2 prisoners were introduced in February 2026.

- An initiative in the recycling workshop has generated almost £200,000 in savings in a year.
- There was valuable work carried out in a creativity workshop, which is part of the CFO scheme for YAs.
- We remain concerned as to whether the regime for IPP prisoners who are poorly motivated or unengaged is appropriate for their needs. A specialised resettlement programme may be required.
- Key working has been explored by the whole Board through our rota duties, following the prison introducing changes to improve access to key workers. Prisoners' feedback from key-working meetings is mixed.
- There has been strong interest from employers in coming into the prison to motivate prisoners to seek work, but continuing reluctance to consider PCoSOs for work affects the rate of post-release employment.
- Although at 23%, the prison did not quite meet the target for former prisoners' employment after six weeks, 47.8% of those were in work after six months, which is above target.
- Some prisoners reported limited or no contact with prison offender managers (POMs) in the period leading up to their release, but other prisoners described positive experiences.

3.2 Main areas for development

TO THE MINISTER

- As raised in last year's report, is there any prospect of progress towards using fewer previously occupied single cells as doubles?
- Will the previous funding levels of prison education and training be restored?
- Will increased efforts be made to tackle the shortage of planned housing provision on release?

TO THE PRISON SERVICE

- Is there scope within budget planning for an increase in face-to-face teaching provision?
- Can anything be done to reduce further the failures to transfer their property when prisoners move establishments?
- Could further specialised resettlement provision be considered for IPP prisoners who are poorly motivated or disengaged?

TO THE GOVERNOR

- While we recognise the efforts already made by wing staff to identify prisoners who are suitable for training as Listeners, we would encourage exploration of other measures, particularly among Res 1 prisoners, where the number of trained Listeners is very low indeed.
- We understand that work is afoot to offer prisoners opportunities to gain qualifications in gardening and textiles. When will this be brought to fruition?
- Could training in basic domestic and life skills be delivered, e.g. via Connect TV?
- What further steps will be taken to improve the prison's healthcare service?

3.3 Response to the last report

Issue raised	Response given	Progress
To the Minister		
1. Can the Minister encourage the development of specialised rehabilitation procedures for IPP prisoners within the prison system?	1. A refreshed IPP Action Plan was published on 17 July 2025. This ensures that IPP prisoners are supported through robust and tailored sentence plans, and located in establishments best suited to their rehabilitative needs. The Plan now includes measurable targets and is subject to statutory reporting requirements.	1. The regional IPP Progression Board is overseeing implementation of the IPP Action Plan. In Moorland, there are fewer IPP prisoners than last year. However, there remain some prisoners who are demotivated or disengaged.
2. Can the Minister say when the practice of using single cells to accommodate two prisoners will be discontinued?	2.The 10-year Prison Capacity Strategy outlines a commitment to delivering 14,000 additional places – measures designed to reduce crowding and improve conditions. Also, the recommendations of the Independent Sentencing Review will ensure long-term sustainable solutions to the capacity crisis. .	2. The pressures on prison capacity continue, and one of the consequences remains the use of single cells to accommodate two prisoners. It is acknowledged, however, that the legislation to implement the ISR has yet to take effect.
To the Prison Service		
1. Can the issue of delay in transferring PIN numbers when a prisoner moves from a private sector establishment to a public sector one be resolved?	1. HMPPS have committed to engaging both national telephony providers in discussions to explore practical solutions, but in the meantime, Moorland has implemented a local process whereby prisoners arriving from private sector prisons are provided with a form to complete.	1. The local measures taken at Moorland have been welcome, and, we understand, effective in facilitating prompt contact with prisoners' families on transfer. Certainly, since April 2025 referrals to IMB on this issue have dropped off.
2. When will inadequate bandwidth, which prevents the consistent deployment of body-worn video cameras (BWVCs), be addressed?	2.In addition to Motorola updating the system, the primary obstacle to system stability remains internet connectivity. This was due to be addressed in Oct/Nov 2025. Stability also improved as a result of transition to a cloud-	2.The reliability of internet connections has improved such that incidents of instability are now isolated.

	based platform and battery refresh.	
3. How and when will the Prison Service reduce the amount of property lost during transfers?	3. In addition to national measures such as reminding Governors about compliance with volumetric control limits for property being transferred with the prisoner, Moorland works proactively to resolve issues where property has been left behind.	3. There has been a small decrease in the number of Applications to the IMB on this subject, so there are grounds for optimism, particularly taking into account the churn of prisoners during the reporting year.
To the Governor		
1. 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?	1. No formal response, but the subject of IPP prisoners has been discussed with the Governor throughout the year.	1.The lack of specialised rehabilitation provision remains an obstacle to the release of some IPP prisoners, but our impression is that during this year, greater attention has been paid to what can be done to meet the needs of IPP prisoners individually.
2. While we recognise the considerable efforts already being made by wing staff to identify prisoners who are suitable for training as Listeners, we would encourage exploration of anything more which might be done.	2. No formal response	2. This remains of concern, particularly in relation to Res 1. We understand that the number of Res 1 Listeners is now so low that forthcoming releases may make it impossible to provide this service for Res 1 prisoners unless steps are urgently taken.
3. What more will the Governor do to improve the quality of healthcare provided?	3. No formal response, but the Governor has kept us informed about his attempts to tackle the perceived shortcomings of the healthcare service.	3.Healthcare applications to the IMB again increased during the year and constitute the largest category. The subject also often dominates our informal conversations with prisoners. We acknowledge however that progress has been made on individual aspects of the service, which we will discuss later in this report.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 The establishment received 1,792 prisoners in the reporting period, 15 more than the previous year. 216 of the total inducted into Moorland were age 18-21, i.e, YOs, but they are treated the same as adults when being processed through reception. All prisoners processed in reception are body-scanned prior to transfer to the induction wing.

4.1.2 During the reporting period, the establishment used an AI translation program in reception. This is a new feature and part of a national pilot scheme. In addition, access to the Translation Line, and printed documents in 17 different languages, were available to be provided to all those processed through reception. All prisoners are given a copy of PINs and their PIN number in reception to allow calls to be made following transfer. The Board was concerned that for those who transfer in from a private prison, PIN numbers can take longer to transfer. During the reporting year, a new procedure was introduced to mitigate the impact of this delay. Staff offer to contact the prisoner's next-of-kin on arrival. If prisoners require extra credit then a £2 allowance is offered in reception. These procedures are aimed at reducing anxiety for new arrivals.

4.1.3 IMB members have observed prisoners in Reception and Induction, and observed a high level of professionalism and care from staff. GeoAmey provides prisoner transport services, and a sandwich is provided if travelling during a lunch time or over a longer journey period. Hot meals are available on the induction house block at mealtimes. If however, it is known that transport will arrive late (outside of mealtimes, or that no food has been provided on the transport), reception staff will order food from the kitchen, but choices may be restricted.

4.1.4. All documents are checked on arrival – order of imprisonment, self-harm warning form and any ACCT documents where applicable (in which case an ACCT review will be scheduled on arrival. Any prisoner who is deemed vulnerable will receive a 'meet and greet' by safer custody staff, prearranged prior to arrival. In the case of YOs transferring from YOI Wetherby, safer custody staff from Moorland will generally have met the YO at Wetherby in advance of transfer.

4.1.5 Property is processed on the day of arrival if time allows, subject to time of arrival, but if necessary, new arrivals' property is prioritised on the following day. Prisoners do however complain about property which is not released to them after transfer. Property not transferred with the prisoner also continues to be a source of frustration, and was the subject of 31 applications to the IMB during the reporting year – albeit a reduction of four on the previous year. Moorland staff have to chase with GeoAmey or the sending establishment.

4.1.6 All new arrivals receive a healthcare screening, including all those prisoners who provide a positive body scan. If required, prisoners are triaged by the mental health team within seven days. Where a specific concern has been identified in advance, a fast-track referral is made to mental health.

4.1.7 Healthcare staff oversee access to pre-prescribed and documented medication on arrival at HMP Moorland. If a prisoner has medication in their possession, this should be available to them if they are fully processed on the day of arrival. However, during the reporting year, IMB members became aware of cases where that did not occur, which may have had a serious impact on the prisoner. It appeared that healthcare staff were not always present, or were not fully briefed. Towards the end of the reporting year, measures were put in place to ensure that in-possession medications were pulled from property bags, so men would always have access to prescribed medication if they need it on the same day.

4.1.8 Showers are given on arrival on the houseblock. A full kit bag containing plate, knife, fork, spoon, bowl, cup, soap and/or shower gel, deodorant, toothpaste and toothbrush, bedding and a weekly allowance of prison issue clothing is issued at reception.

4.1.9. Board members have observed how, despite the pressures placed on staffing resources by the implementation of various early release schemes, staff in reception and operations have worked hard to ensure all new receptions, escorts, transfers and discharges are processed in a decent, secure, and timely manner. The staff take pride in what they do in the reception environment - sometimes in very demanding circumstances, including ongoing late arrivals. They were recently commended in a Bus to Bed safety audit.

4.2 Suicide and self-harm; deaths in custody

4.2.1 A total of 272 assessment, care in custody and teamwork plans (ACCTs) were opened in the reporting year, while 142 ACCT's were re-opened from post-closure.

4.2.2 During the reporting year, a total of 477 self-harm incidents were recorded. 65 of these were YOs.

4.2.3 In terms of the reasons given for self-harm incidents, the largest category is operational issues. This includes incentives scheme-related issues, PIN credit, issues surrounding vapes, unhappiness with food choices, issues to do with missing property (which can take a lengthy period in some cases to resolve) or not having property immediately on transfer, and adjudications.

4.2.4 Other reasons given include healthcare (mixture of medication-related, wanting to see a primary care or mental health nurse, and statements of poor mental health); location issues (e.g. location in the segregation unit, wanting a wing move, not wanting to move wings and wanting transfers) peer interactions, regime (mixture of being on 'basic', the lowest level of the incentives scheme, regime and attempting to achieve extra regime) and external triggers such as bereavement and relationships outside the prison.

4.2.5 In relation to these reasons for self-harm, no identifiable trends or patterns can be identified regarding ethnicity, nor in reasons specific to either the Res 1 or Res 2 cohorts. The Res 1 cohort however has more individuals who engage in self-harming behaviours.

4.2.6 There is a variety of sources of support to reduce self-harm including prisoner-led support, and distraction material from safer custody, wing and segregation staff.

4.2.7 Prisoners also have the opportunity to attend monthly fora on the house block. Prisoner information desk (PID) workers, a prisoner who has been trained to help other prisoners access information, complete applications and navigate prison processes, attend a monthly meeting with the senior management team (SMT) to raise any concerns for the house block. Purposeful activity is often explored to prevent boredom and keep those potentially at risk of self-harm occupied. Prisoners who are on an open ACCT are discussed at the weekly SIM meeting and within this it is identified whether they are in employment or any other purposeful activity.

4.2.8 The total number of deaths in custody for this period was seven - three following transfer to hospital and four in the prison. Each of the deaths has been, or is being, investigated by the Prisons and Probation Ombudsman (PPO) and none is believed to have been self-inflicted.

4.2.9 In all cases, the Board has been impressed by the way in which the prison has handled these very sad events, and the care extended to staff, other prisoners and family members affected. We note the care, patience and support offered by staff to families, even where relationships have been strained and family members decline to engage with a family liaison officer.

4.2.10 In concluded reports, the PPO has found that the standard of clinical care received at Moorland was mostly equivalent to that which the prisoner could have expected in the community. Reports for some of the deaths in custody which occurred in the reporting period are still awaited. However, there has been one PPO report which set out a recommendation that all healthcare staff should be aware of the out-of-hours provision which is available, and should access the most appropriate out-of-hours pathway for the patient. It must be noted that this may not have been accepted.

4.2.11 There were no recommendations for improvements to prison staff procedures in the PPO reports during the reporting year.

4.3 Violence and violence reduction, self-isolation

4.3.1 There were 216 incidents of prisoner violence during the reporting period. 37 of these were assaults against staff and 125 were prisoner-on-prisoner assaults, with the remaining 54 comprising fights between men.

4.3.2 The main age group involved in violence were YAs (18-25 year-olds). When broken down further, YOs aged 18-21 were involved in just over half of those incidents. This again highlights the need to focus on young offenders and young adults in terms of purposeful activities, education and employment opportunities. These opportunities have been severely impacted by recent contract funding cutbacks, which establishments have been forced to cover through dynamic purchasing procurement processes.

4.3.3 There seem to be no common trends when looking at ethnicity. However, incidents of violence amongst the Res 1 group are significantly higher than those in the Res 2 group; only 32 of the 216 incidents are attributable to the Res 2 population.

4.3.4 Prisoners' reasons for violent incidents vary from group to group. The main reported reason for violence is retaliation, but the majority of incidents for all reasons

were spontaneous responses to individual triggers. Triggers include mental health issues, often in the case of men who self-isolate on wings, and include refusal to attend employment. Debt was the next most reported reason; however, this is reported significantly less than retaliation and often correlates with a decrease in drug availability, which the prison proactively attempts to control. Other common reasons are bullying, recreation (play fights gone wrong) and gang-related issues.

4.3.5 The number of challenge, support and intervention plan (CSIP) referrals made during the reporting year was 2,827, an increase of 25 on the previous reporting year. CSIPs continue to be a key tool in reducing violence and thus improving overall safety in prison. The number of referrals remains high when compared with a low of 932 in the 2023 to 2024 period, but the process is well embedded and the strategy can be changed if a spike is seen in a particular category of referral in any month.

4.3.6 All incidents of violence are reported on a CSIP, with assurance reviews carried out routinely. Staff respond to violence promptly and in line with established procedures, with compliance monitored by the safer custody team. Where appropriate, mediation is used to reduce the need for non-association precautions and to promote restorative practice. The incentives scheme policy is applied alongside these measures. All violent incidents are reviewed weekly at the SIM meeting, with further actions identified as necessary.

4.3.7 Repeat perpetrators of antisocial behaviour reported via CSIP receive a formal letter. Continued behaviour results in a second letter and may lead to an incentives scheme review. Case co-coordinators use workbooks in CSIP plans to tackle triggers for violence.

4.3.8 The work of the prison's CFO 'Evolution Wing' for YAs is mentioned elsewhere in this report. It has been well-received, but it was noted in summer 2025 that its approach had not led to a reduction in violence in that cohort since the CFO unit opened in October 2024. Measures have therefore been put in place to help those YAs modify their behaviour.

4.3.9 The prison has also taken measures to reduce the opportunities for violence more generally. For example, the CCTV on exercise yards has been upgraded to eliminate blind spots which were identified as areas where violence occurred. Additionally, a 'closed door' policy was introduced for a specified length of time on wings where in-cell violence was identified as increasing. Furthermore, the use of non-electric razors has ceased.

4.4 Use of force

4.4.1 Moorland records a low to moderate level in the use of force (UoF) for a prison of its size, compared with similar establishments. During the reporting period, there were a total of 392 incidents. That does, however, constitute an increase of 159 on the previous period and continues an upward trend.

4.4.2 Of the 392 incidents, 58 were planned interventions, with the remainder being spontaneous occurrences. The majority of incidents were recorded as arising from 'refusal to locate' occurrences and proactive staff action to 'prevent harm'. Most commonly, the use of force was by guiding holds only, as a minimal restraint technique by staff.

4.4.3 Age and ethnicity continued to be noted for monitoring purposes. Monitoring does not reveal any disproportionate use of force on any minority ethnic group, although complaints about this had been received in the previous reporting period. 27% of incidents involved prisoners aged 18-20, and another 17% those between 21 and 24. In other words, the group aged 18-24 accounted for nearly half of the total number of incidents.

4.4.4 PAVA (an incapacitant spray) was drawn on one occasion only (though not deployed), while batons were not drawn on any occasion during the reporting period. Body belts and special accommodation were not recorded as used on any occasion.

4.4.5 All incidents where force is used are reviewed by a committee, to which the IMB is invited and observes on an unannounced basis. 28 meetings took place during the reporting year following the departure of the previous UoF co-ordinator and the role was subsequently divided amongst six senior and experienced staff, with attendance at these meetings varying subject to operational requirements. These meetings provide important learning opportunities for all staff, specifically when body worn video camera (BWVC) footage and CCTV are reviewed. HMPPS assurance specialists visiting the establishment, have previously provided generally positive feedback on these meetings. The one recurring trend relates to the administration of healthcare F213 forms (injury to prisoner forms) following a UoF incident. Some 117 remained outstanding at the end of this reporting year, i.e. they were not copied and filed within the required window.

4.4.6 The use of BWVCs from the start of spontaneous UoF incidents has become more consistent and can also provide a record of the build-up to the incident. It also provides reassurance that incidents are generally well-handled in accordance with good practice, using the minimum necessary force. For the last two years, we have reported that the use of BWVCs had been impacted by limited bandwidth, which makes the connections unreliable. Since our last report, however, reliability has improved, such that a lack of connection is now an isolated occurrence.

4.4.7 The UoF meetings also consider general trends and identify any training needs and requirements. Thanks to the efforts of trainers, the proportion of officers with in-date control and restraint training had reached 94.6% by the end of the reporting year against a target of 80%, which is a positive improving trend.

4.4.8 Separate training across the prison in personal protection techniques – SPEAR (spontaneous protection enabling accelerated response) – continued to be made available for non-operational staff, with two courses in the period, training a total of 24 people. IMB members have undertaken the SPEAR course.

4.4.9 De-escalation continues to be promoted to prevent force having to be used and to avoid prisoners being relocated to the segregation unit. However, in 28% of cases where force had to be used, the prisoner was relocated to the unit.

4.5 Preventing illicit items

4.5.1 Mandatory drug testing of new arrivals is not in operation, but there were 100 positive scans on new arrivals in the reporting year. These prisoners are accommodated in the segregation unit under the prison's secreted items policy, and remain there subject to daily scans until they scan negative.

4.5.2 Due to previous finds of paper impregnated with psychoactive substances, which mimic cannabis, all incoming mail (excluding legal correspondence, which can be tested without being opened) is photocopied. All newly arrived prisoners also have their clothing washed and returned to them, which ensures that no clothes soaked in a psychoactive substance are brought into the prison.

4.5.3 These measures indicate that the prison is working proactively to reduce illicit substance use within the establishment. However, the trend has changed since our last report, with greater demand for prescription medication and for the diversion of medication. This may indicate that there is a reduced level of other illicit substances available in the establishment.

4.5.4 The prison intends to introduce supportive adjudications during the new reporting year, which will be designed to support individuals who test positive on mandatory drugs tests. The scheme is aimed at providing targeted one on one and group support to these prisoners.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 The residential accommodation comprises eight house blocks, but for much of the reporting year one house block was closed for a major fire safety upgrade. This block normally accommodates prisoners with disabilities and those needing high levels of healthcare support, including (previously) those in what was the NHS-funded Intermediate Care & Reablement Unit, as well as the healthcare offices and treatment rooms. After completion of the work, the accommodation was left by the contractors in a dirty and unsatisfactory state, which took some time to remedy.

5.1.2 Although the standard of cleanliness on the house blocks is generally good, there have been persistent problems with bed bugs on some units, resulting in a number of cells being out of order. Despite the best efforts of the prison, there have been instances when prisoners have been put into a treated cell only to find that the bugs have not been completely eradicated by the external contractors.

5.1.3 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: we are aware of at least one instance of a prisoner being segregated after refusal to move from a single to a double cell.

5.1.4 The Board has continued to receive a steady flow of verbal complaints about food during our rota visits, though the number of applications to the IMB on this topic is still quite small (nine this year compared with six last year). The prison's own complaints system received 158 about food, compared with 169 last year.

5.1.5 Last year's problem with the menu scanning system seems to have been largely resolved, but some prisoners complained about small portion size, substitution of processed meat such as spam for ham, and the lack of fruit and vegetables in their diet. The quality of fruit when available was sometimes poor.

5.1.6 There was a particular issue during Ramadan 2025, generating 33 complaints in March, which was particularly disappointing as the provision in 2024 had been so much appreciated by Muslim prisoners. However, the food provided for an Islamic festival in June was well received.

5.1.7 The Board regularly inspects the food comments book available in each house block but, as reported for the last three years, this is sometimes kept behind the servery, where it is not easily accessible to prisoners.

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. There are also two cells designated as 'special accommodation' (from which everything, including the bedding and mattress, have been removed for a prisoner's safety), and the Board is notified promptly when a prisoner is placed in one of those. Duration of stay is limited to a few hours at most.

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 and subjected to daily scans until clear. This year 151 men have been

segregated for this reason, accounting for approximately one third of the total placed in segregation (465). All positive scans give rise to suspicion that an item has been secreted. It is not unusual for prisoners in this position to object to the IMB that they have been falsely accused, and clearly there may be cases where a medical condition rather than an illicit substance can cause a positive scan. It came to the Board's attention during the reporting year that healthcare's policy is that any prisoners who continue to scan positive after three days should be examined in hospital, while the view of the prison authorities is that this should only be done if the prisoner's presenting symptoms require such a step. We understand that this difference of approach remains.

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. Radios are provided after the first 24 hours, as long as the prisoner has complied with the regime, though there was a period in April when radios were in short supply. A member of the healthcare team goes round every day; as does the chaplaincy when resources are available.

5.2.4 Prisoners are asked every day if they want a shower, exercise and a phone call, and this is noted on the day sheet. A Board member suggested that distraction materials should also be routinely offered, and the Board was pleased that this was adopted and added to the day sheet.

5.2.5 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.

5.2.6 Segregation reviews are scheduled twice a week, and Board members nearly always monitor them. During the reporting year 265 individual reviews were observed, a decrease of 11% 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 though there have been occasions during the year when reviews have been delayed to await their arrival.

5.3 Staff and prisoner relationships, key workers

5.3.1 Relationships between prisoners and staff appear to be generally good, though the Board's rota reports have noted sometimes that some younger and less experienced officers were thought by prisoners to be less likely to be helpful or understanding.

5.3.2 The number of applications to IMB concerning this area rose from 27 last year to 61 this year. Analysis showed that many of these were attributable to a single prisoner who submitted over 30 applications in his own name and also appeared to have instigated a number of applications from others. However the number of complaints to the prison system about staff also rose from 89 to 159, a figure which does not include any that may have been submitted to the Governor under confidential access.

5.3.3 Key worker quality was rated as ‘of serious concern’ in the MoJ’s annual assessment of key performance indicators 2024/25, and the prison responded with changes to improve access to key workers. All prisoners are now scheduled to receive monthly meetings. The number of keyworker sessions planned and the number actually completed is reported on the daily brief, and action taken to follow up any discrepancies where no acceptable explanation has been recorded. Nevertheless, keyworker delivery at the end of the reporting year was graded ‘RED’, i.e. considerable room for improvement. The Board notes the commitment to improvement demonstrated by the then acting (now permanently appointed) Governor. It is anticipated that planned improved engagement with key workers will support prisoner progression.

5.3.4 The Board decided to focus particular attention on key working over a three-month period beginning in October and made a point of asking prisoners during our routine rota visits what their experience of key working was. This produced mixed responses:

- Some prisoners reported that they did indeed have a key worker, and saw him/her most months. Opinions varied about how useful they found these meetings
- Others said that they had not yet been allocated one even though they had been in Moorland for some months
- Others said they had had one, but s/he had left some time ago and not been replaced
- A few prisoners did not understand the question, and asked whether by ’key worker’ we meant their offender manager
- Key worker access was felt by prisoners to be especially important for new arrivals and for those reaching the end of their sentence.

5.4 Equality and diversity

5.4.1 The number of applications to the board about equality and diversity rose this year from 8 to 15, but the number of discrimination incident report forms (DIRFs) submitted to safer custody fell from 86 to 62.

5.4.2 Of the 62 discrimination incident reporting forms (DIRFs) received by the safer custody team during the reporting year, three were rescinded/withdrawn, 50 were not upheld; only nine were upheld.

5.4.3 A Board member reviewed a sample of 13 forms, selected randomly and including at least one of each of the following protected characteristics: sexual orientation, disability, race, religion and gender reassignment. In every case 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, in the Board’s opinion, good, and the outcome was communicated clearly to the prisoner, with an explanation of next steps if they were dissatisfied with the response.

Category of DIRF	Submitted	Sampled by IMB
Race	31	2
Religion/belief	11	6
Gender reassignment	1	1

Disability	12	2
Sexual orientation	4	2
Unknown/not specified	3	0
Total	**62**	**13**

5.4.4 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 an identified lead and a forum for each of the legally recognised protected characteristics, and these feed issues into the EAT. The EAT considers whether there is evidence of inequality by race, religion, sexuality 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 too small to reach statistical significance, 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.

5.5 Faith and pastoral support

5.5.1 The arrangements for regular worship and other religious meetings for all faiths seem to be working well, the only complaints coming to the Board's attention being when the single imam was on leave and no cover could be provided for Friday prayers. It was noted, however, that on an occasion of a death in custody occurring during his absence, the imam from a neighbouring prison attended very promptly. The chaplaincy team generally, has provided support appropriate to the circumstances, following other deaths in custody.

5.5.2 The issue of 'unlock' in time for Sunday morning worship has not been completely resolved, and attendance at the chapel during staff training days was not always facilitated as promised.

5.5.3 The prisoners appointed as chapel orderlies reported enjoying their work, and the arrangements made to live-stream the funeral of Pope Francis were appreciated.

5.5.4. There is some mingling of Res 1 and Res 2 prisoners for chapel activities. That is not generally possible across the prison. In particular, Muslim Friday Prayers are held in this way.

5.6 Incentives schemes

The number of applications to the IMB about adjudications, the incentives scheme, discipline and sanctions rose this year from 13 to 21 and the number of complaints to the prison system about the incentive scheme from 99 to 138. The Board is not aware of any factors which might explain these increases.

5.7 Complaints

5.7.1 The Board is pleased to note that once again this year, no applications were received by the IMB specifically about the handling of complaints, though naturally many applications to the IMB arise out of a prisoner's belief that his issue remains unresolved after he has used Comp1 and Comp1a.

5.7.2 The total number of complaints received by the prison during the reporting year was 2,427, a fall of 380 (13.5%) compared with last year. The complaints clerk is unfailingly helpful to the Board in providing copies of the correspondence relating to our applications.

5.8 Property

The loss of property remains a persistent problem. The prison received 642 complaints about property (26.4% of the total) while the number of applications received by the Board was 75 (similar to last year) equating to 18.5% of the total. 31 of these were about property lost during transfer between establishments, which was a fall from 35 the previous year.

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 (PPG). The dental contract is separately managed by NHS England. At the end of the reporting year it was announced that PPG had been awarded a new contract to run from September 2026 for seven years, plus a two year option to extend, for the provision of healthcare services in HMP Moorland.

6.1.2 However, this reporting year has been a frustrating one for both prisoners and healthcare providers. Although there were some prior concerns regarding communication and prompt provision of services to prisoners, as detailed in our last annual report, this has been exacerbated by the dispersal of the healthcare staff and provision of services across the prison, whilst fire protection improvements were installed. This work in the wing that housed the bulk of healthcare staff, clinic provision and the ICRS, was initially anticipated to be completed in 13 weeks but eventually lasted for 43 weeks. During this time, waiting lists for health assessment and treatment gradually increased. This was worst for dental services as the specialist chair was damaged during the work. A temporary 'Portakabin' facility was available for a time. The chair has now been replaced.

6.1.3 Mitigation action was taken to address the significant impact of this ever-increasing temporary loss of accommodation, for example by placing healthcare staff on the wings. There were also IT issues due to PPG using System 1, which was not available across the establishment, for clinical provision and reporting. Some treatment provision became wing-based, with treatment rooms established, which had some benefits to prisoners. The segregation unit's medical room was not completed during the reporting year. Fortunately, the mental health and substance misuse teams were already in wing-based offices, so their provision was less affected than the physical health care provision.

6.1.4 The former ICRS has been replaced by an enhanced care unit with primary care (seven beds) and palliative care (two beds) for prisoners across Yorkshire and Humberside. This remains a work-in-progress, both to meet the physical requirements of the accommodation, and also to arrange the necessary palliative care skills training for both prison and healthcare staff. At the moment, palliative care patients and their families are not receiving the same input as they would in the community, in the Board's view.

6.1.5 A healthcare monitoring meeting (prison health operation group - PHOG), chaired by the Governor, is now scheduled every two months and a Board member generally observes. The format and quality of information have noticeably improved since last year. In December 2025, members of the IMB met with the Governor and his deputy, to raise their concerns about healthcare, due to the persistent complaints and issues raised by prisoners in applications and during wider visits. Re-assurances were given that the service would improve. 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 available services.

6.1.6 There were a total of 73 healthcare-related applications to the IMB this year, compared with 63 in 2024/25. This is again the highest number in any IMB category. This year it was reported to us that there is no confidence that complaints made to healthcare will be satisfactorily resolved. Comparison with the prison's complaints statistics might appear to bear this out. At 73, applications to the IMB came to almost five times the number of healthcare complaints recorded by the prison, which was 15. The contrast is even starker when it is considered that the total number of complaints to the prison on all subjects is about six times the total number of applications made to the IMB.

6.1.7. The main reasons for the applications continued to be: a lack of response by healthcare to applications and complaints; dissatisfaction with prescribed medication; and a delay in treatment provision. This year, there was a significant difference between the Res 2 house blocks and other residential areas, the former submitting 74% of the healthcare-related applications. A contributor to this change may be the ageing demographic, and the increasing and complex health needs of this group.

6.1.8 A daily early days in custody (EDiC) meeting has been established to ensure that appropriate healthcare assessment and referrals have been made for the prior day's receptions. Continuity of medication is reviewed. Arrangements have been made to ensure reception nurses are familiar with relevant HMPPS procedures to inform incoming prisoners of relevant services and the access pathways. There had been recurrent issues about new prisoners not having access to in-possession medication on transfer, but this appears to have been resolved by the new measure of such medication being separately bagged on transfer from other establishments. They can then be made available immediately on the induction wing – unless the prisoner scans positive for illicit substances, when he will be placed in segregation.

6.1.9 Rates of prisoners who 'did not attend' (DNAs) appointments continue to be a problem. Communication has been identified as an issue, with prisoners reporting that they are 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. Monitoring on wings was to be introduced to check that officers use the list and ensure prisoners are collected for appointments. There has been no feedback yet. A system has now been introduced to notify prisoners that their application has been received but still prisoners have reported that they have not received the required tear-off acknowledgement slip. This issue needs continued focus. In an added level of potential complexity, the Board became aware of some prisoners' allegations that they were recorded as 'DNA' by healthcare, on occasions when they had in fact presented themselves in the waiting area. The Board has not however been able to establish the veracity of this claim, but it would clearly be serious if it were true.

6.1.10 At the end of February 2026, the reported waiting time for routine appointments to see a prison GP was four weeks. In other clinical areas, the wait for appointments was very variable. Waiting times to see an optician, a dentist or a podiatrist were longer for Res 2 prisoners than for Res 1 prisoners. The dentist reported that, despite the increasing number of Res 2 prisoners at HMP Moorland, who tend to be older than Res 1 prisoners, there had been no increase in the

number of contracted dentistry sessions for them. The DNA rates (see 6.1.9) wasted the time of the medical professionals and inflated the waiting lists.

6.1.11 There continued to be a number of cancellations for outside hospital appointments, which can be due to the hospital re-scheduling, prisoner refusals or lack of necessary pre-operative fasting. It can be a challenge to provide staff escorts for unplanned visits to hospital, but the occasions when no staff escort was available fell during the year. The discharge of prisoners back to HMP Moorland from hospital has also been of concern at times, with one particular prisoner reporting a serious lack of appropriate support and medication on return.

6.1.12 Prisoner engagement has been progressed, with healthcare prisoner representatives on seven out of the eight house blocks, but there remain communication gaps between prisoner/prison staff and healthcare. This resulted in missed appointments, general frustration and the potential for increased ill-health.

6.2 Physical healthcare

6.2.1 There has been a successful flu vaccine campaign and Covid-19, respiratory syncytial virus (RSV) and pneumococcal polysaccharide (PPV) vaccines are also offered. Medication management has been a focus this year. Medication reviews should ensure that as many prisoners as possible safely have in-possession medication, and a number of patients have been switched from weekly to monthly medication. Conversely, any prisoner found to be abusing in-possession medication is given a medication review and may be returned to daily collection at the medication hatch.

6.2.2 There is now a ‘buddy’ job description to ensure that appropriate services (e.g. collecting meals from the servery but not intended to cover personal/healthcare needs) are offered by ‘buddy’ prisoners, who help men with disabilities or frailty.

6.3 Mental health

6.3.1 The team are fully staffed and all employed by PPG. They have achieved a reduction in waiting times and high attendance for groupwork. There has been a continuing focus on the needs of prisoners with learning disabilities and neurodiversity. Prisoners comment favourably on their support. Their contribution in ACCT processes are also observed.

6.3.2 Mental health staff often provide the healthcare representative on Rule 45 segregation reviews, contributing knowledgeably on those prisoners receiving their care. In some other cases, however, healthcare representatives have arrived late at those reviews and too often lack sufficient knowledge to make a meaningful contribution.

6.3.3 The mental health team received 159 urgent referrals (all seen within 24 hours) and 789 routine referrals (currently 94% seen within five days).

6.3.4 Other specialist services include: learning disability, speech and language therapy and eye movement desensitisation and reprocessing (EMDR) therapy. The team have six weekly reflective practice sessions and are continuously working to improve practice and outcomes. They deliver joint working with the substance misuse team for a holistic approach to care. One of the frustrations of the team is the lack of planned housing on release, which prevents continuity of access to mental

health support for those prisoners who need it, resulting in significant local authority safeguarding referrals and an increasing chance of return to custody amongst this cohort.

6.4 Social care

6.4.1 For all prisoners, social care assessments can be arranged, especially if needed as part of a discharge and resettlement plan. Healthcare assistants are now employed to offer necessary social care for those on the primary care unit.

6.4.2 Listeners, trained by the Samaritans to provide confidential emotional support to fellow prisoners, are made available across the prison but their recruitment amongst Res 1 prisoners is low. We understand that some Res 1 prisoners do not wish to do their training with Res 2 prisoners, but another factor will almost certainly be the higher 'churn' of Res 1 prisoners. At the end of the reporting period, there were 15 Res 2 Listeners and two Res 1 Listeners. During the reporting period, there were a total of 167 listener call-outs. The Res 1 population accounted for 43 call-outs, and the Res 2 population accounted for 124.

6.4.3 In the reporting period, there were 3,397 total calls made to the Samaritans. These calls are registered to the cells making the calls and not specifically the prisoners who have previously/recently occupied them.

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. Unemployment figures have reduced by 75% but the IMB has noted that the supply of work does not always align with the increased number of prisoners in some workshops. However, new workshops such as plastic recycling are now operational and Ministry of Defence (MoD) netting is to return.

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 sometimes meant 22 hours in cell for those without access to education or work. At weekends, when no education or work activities take place, more prisoners are impacted. It is also likely that most prisoners will spend 22 hours in cell on prison training and wellbeing days, being allowed out only for exercise, food collection and showers. Prisoner applications and conversations with the IMB often relate to wanting more 'social' time out of cells, which is higher on the incentivised substance-free living units (ISFLUs) and for retirees. Evening association time (6pm – 8pm) offers the use of pool and table tennis tables for certain prisoners. In addition, the TV system has recently been upgraded allowing access to 60 channels.

6.6 Drug and alcohol rehabilitation

6.6.1 The substance misuse service (SMS) has seen 458 (approximately 10% increase on last year) new referrals this year, with 1,610 prisoners accessing the service and 3,194 appointments completed. 237 (a reduction of approximately 20% from last year) episodes of suspected 'under the influence' of unknown substances were reported to SMS. Whenever possible, they were seen within 24 hours by the SMS duty worker to offer harm-reduction advice, and also the opportunity to engage with the service. At the end of the reporting period, 57 prisoners were being

prescribed with an opiate-substitute treatment, 13 individuals were prescribed buprenorphine tablets and 14 Buvidal (injectable buprenorphine). There were 268 appointments with the SMS GP.

6.6.2 Take-home naloxone (an emergency antidote administered by injection or nasally, 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 between 70% and 100% of men each month. In the past year, there has been a reduction in the acceptance of naloxone, but this is believed to be partly due to the number of prisoners serving recall and short sentences who have the antidote at home. Nasal naloxone training continues to be offered 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 substance misuse teams to increase the number of prisoners reporting to community services within 21 days of release, achieving the highest percentage (73%) of all Yorkshire and Humber region prisons.

6.6.3 The SMS service works within the prison drug strategy to reduce illicit substance use and deliver harm reduction. Trends for illicit drug use are dynamic depending on availability; as explained earlier in this report, there had been a reduction in synthetic cannabinoids and some increase in the abuse of prescribed medication. The latter triggers medication cell audits and discussion at safer prescribing meetings. There is also liaison with the local drug intelligence service to enable the SMS to deliver relevant and timely pre-release harm reduction advice.

6.6.4 Mutual aid aims to build a sub-group of those accessing SMS to support recovery. The presence of mutual aid facilitators from the community for meetings, is hampered by the extensive vetting programme. ISFLUs on two houseblocks offer informal support. Another factor hindering effective intervention is the high turnover of prisoners serving short sentence/recall, limiting the work which can be carried out with these prisoners, to release planning and continuity of care.

6.7 Soft skills

6.7.1 Peer support on the wings is provided by a number of identified prisoners, such as: PID (prisoner information desk) workers, healthcare reps, equality reps, peer mentors, buddies and Listeners. These services are valued but it is not always easy to identify and risk-assess enough prisoners successfully to ensure coverage across the prison.

6.7.2 The cancer support group continues for those suffering from, or affected by another's, cancer.

6.7.3 Houseblock 6, which accommodates a number of ageing prisoners, has developed informal support systems and there are specific gym sessions for older people and those in recovery from substance misuse.

7. Progression and resettlement

7.1 Education and library services

7.1.1 The library staff have described their efforts to meet the needs of the various groups across the prison. The working patterns of some of these have affected their access to the library and some changes have also been made to accommodate the needs by listening to prisoners' views. For example, the Res 2 prisoners who now work in the kitchens have been given a new slot on a Tuesday to help their access. Similarly, the farms and gardens workshop prisoners have been given their own library time.

7.1.2 Overall membership of the library stands at 68% of prisoners, made up of 49% of the Res 1 cohort and 80% of the Res 2 population. The library is widely used and valued by prisoners, and some individuals have expressed a desire for extended access.

7.1.3 The Storybook Dads project continues to succeed, with five prisoners from Res 1 and 15 from Res 2 recording stories to be sent home to be read to their children.

7.1.4 The management of the Shannon Trust teaching scheme is now organised by the head of learning and skills. To date, there are 11 peer mentors working over two houseblocks and one workshop area, with the additional introduction of a dedicated prisoner 'red band' for Shannon Trust activities. There has been a growth in interest in the numeracy strand of this individualised teaching approach.

7.1.5 Concerns have however been raised regarding the limited choice of materials, particularly within the segregation unit, where there is only a small selection of books. Requests have been made for specific authors or genres to be sourced from the main library, and we are aware that officers try to accommodate these requests.

7.1.6 The library service has, however, been reduced because attendance on a Friday has been so low. The funds saved by the reduction in provision have been redirected into a wider availability of books, magazines, etc, across the prison.

7.1.7 Educational provision is, generally, well regarded, and observations of education sessions indicate a high standard of teaching, with productive discussions. Prisoners have reported that classes offer valuable opportunities to gain qualifications in subjects they didn't achieve in at school, e.g. mathematics and English. Provision for prisoners with special educational needs and disabilities (SEND) is also in place.

7.1.8 There have been reductions in face-to-face teaching hours due to budgetary changes. Art classes have been discontinued despite many prisoners finding them therapeutic and being well regarded by prisoners. A number of prisoners continue their artistic activities in-cell. There have been notable examples of high-quality artwork produced by prisoners.

7.1.9 Digital skills training is currently limited to prisoners in Res 2. Some prisoners have suggested the introduction of basic domestic skills training, such as meal planning and cooking, potentially delivered via prison television. This would, in our view, be a positive development.

7.2. Vocational training and work

7.2.1 We welcomed the publication of HMPPS's report *'Just Passing Time'*. This chimed with our own feedback from prisoners about their experience of work and vocational training - in particular, their comments on 'the use of half time working in order to provide sufficient spaces to meet the demand for activity' and the 'low number of workshops which offered meaningful qualifications and progression opportunities'.

7.2.2 There is a recognised shortage of training opportunities which lead to externally recognised qualifications, such as NVQs. However, we understand that work is afoot to offer opportunities to gain qualifications in gardening/horticulture and textiles, which could provide valuable employment pathways following release. For the same reason, it would be helpful to offer opportunities for catering qualifications.

7.2.3 Feedback from prisoners at workshops is mixed. It varies from high levels of praise to high levels of dissatisfaction. Prisoners are usually complimentary about the workshop staff – they demonstrate a high level of commitment and enthusiasm.

7.2.4 In some workshops, there are difficulties in maintaining an adequate flow of work, resulting in prisoners being unoccupied and bored. Staff provide educational games for them to play while unoccupied.

7.2.5 Prisoners also complain that some of the work is very repetitive and they question the value of such work in helping them to obtain employment on release.

7.2.6 There are always complaints from prisoners that the workshop pay is too low, that it does not enable them to purchase much from the canteen and they feel it is unfair to have different pay scales for different workshops.

7.2.7 Facilities such as a poly-tunnel and new greenhouse provide potential to expand gardening activities. We are aware that the prison has ambitions to grow more of its own food.

7.2.8 High levels of turnover of Res 1 prisoners present a significant barrier to completing longer vocational courses such as bricklaying and textiles.

7.2.9 Delays in allocating work placements to new prisoners have been reported, largely due to security clearance processes. This is reflected in complaints about the time taken to complete security checks and allocate prisoners to suitable employment. Efforts are ongoing to streamline this process.

7.2.10 Some training programmes are particularly well regarded, including the DHL course and forklift truck training. The latter is especially suitable for short-term prisoners due to its one-week duration. Braille training is also valued, although it is unclear how often this leads to employment opportunities upon release.

7.2.11 Positive initiatives have been observed in certain workshops. For example, the recycling workshop uses a whiteboard to demonstrate income generated from recycled materials, providing motivation. This workshop has attracted attention from national groups because of its success. The most recent figures indicate that the recycling workshop has generated almost £200,000 in savings in a year. This is double the figure achieved four years ago when records started to be kept. The plastics workshop has developed innovative approaches, producing items such as buttons and spinning tops from recycled Covid-19 test materials.

7.2.12 The painting and decorating workshop has been closed because the numbers of prisoners for whom it provided training was too small to justify its continuation, we were told. This is particularly regrettable, since we know from our visits that prisoners in that workshop valued it as likely to improve their prospects of finding employment on release.

7.2.13 The Board received very few written applications in relation to education, employment and training (under 3% of concerns raised). This may be because prisoners tend to raise these issues orally with IMB members during education and workshop visits.

7.2.14 As the reporting year came to an end, there was discontent as a result of the staffing of the kitchens being changed from a Res 1 prisoners area to one for Res 2 prisoners. The Res 1 prisoners, who were moved to a workshop with less stimulating and less well paid work, felt that they had been deprived of a high status role. There had been concern for some time about the speed of turnover of prisoners working in the kitchens, and the reasoning behind this change had been to ensure that kitchen workers were serving longer sentences and had time to establish the skills and routines needed in the kitchens. The population of Res 2 PCoSOs is more stable due to long sentences and ineligibility for early release schemes. The change also led to a short-lived food refusal protest on some Res 1 Houseblocks. This change in staffing was made in February 2026 to coincide with the implementation of the new ‘food in prisons’ policy. There now seems to be a recognition that food quality has improved considerably.

7.2.15 A specialist creativity workshop forms part of the Creating Future Opportunities (CFO) programme for YAs. CFO is a national scheme designed to support individuals in the criminal justice system, particularly those in prisons, to reduce reoffending and facilitate successful reintegration into society. Moorland has the Lighthouse project, which offers YAs various targeted age-related programmes once they complete their induction period. 79 YAs went through the programmes in the reporting year, some of whom gave us positive feedback. In the creativity workshop, which forms part of Phase 2 of the programmes, we have seen examples of creative work and graphic art and the sale of items produced for charity. We have also noted the enthusiasm of the tutor who supports this workshop. Some of these YAs, however, worry about their upcoming release dates, and in particular, where they will live and how to find jobs. One of them told one of us that they didn't want to leave prison.

7.3 Offender management and progression

7.3.1 Our observations about the work of the offender management unit (OMU) have to be set in the context of a particularly challenging set of legislative changes affecting their daily activity. A series of early release schemes and a connected increase in the turnover of prisoners being admitted to the prison have increased the urgency and frequency of sentence planning requirements.

7.3.2 Over and above our usual interest in the prisoners’ experience of contact with their prison offender manager (POM) and community offender manager (COM), we have continued our special interest in the management and progression of prisoners serving imprisonment for public protection (IPP) sentences, which are indeterminate sentences. We have met quarterly with the head of probation and her single point of

contact in the probation team, attended the Yorkshire and North East Progression Board, and observed the IPP forum in Moorland.

7.3.3 The Progression Board agenda, which focuses on ensuring that prisoners are in 'the right prison', so as to encourage progression, has helped to form the basis for our discussions with the OMU. Latterly, for example, the Progression Board attendees have talked of the positive effects on prisoners' motivation of including families and significant others in Progression Panel meetings. Also, they pointed to the value of informal contact with members of the Parole Board to guide presentations at formal parole hearings.

7.3.4 We have attended the IPP forum in Moorland to hear prisoners' views about what they think would be helpful to their welfare, mental health and motivation to progress. Recently, they expressed the view that officers still needed more awareness of their sentence. They think, too, that their behaviours are not sufficiently understood in the context of their sentence. The consequence of this feedback is that the head of probation will be speaking to her staff and checking on whether the induction procedures for officers include enough guidance on IPPs. Additionally, POMs will be asked to record the frequency and nature of IPPs' family contacts so that these can be considered for inclusion in Progression Panel meetings.

7.3.5 We have maintained our contact with other IMBs in the region on this issue, but not repeated the surveys of IPP prisoners which we have done in the past, due to the heightened level of activity from the Progression Board.

7.3.6 It can be difficult to obtain consistent figures about the number of IPP prisoners at any one time. The numbers of such prisoners inevitably vary over the year. We have been told that over the reporting period, three IPPs have been released, four transferred to other prisons and seven moved to open conditions. While this is to be welcomed, we remain concerned as to whether the regime for IPP prisoners who are poorly motivated or unengaged, is appropriate for their needs. A specialised resettlement programme may be required to enable their progress.

7.3.7 There has been a major change in the provision of programmes within the prison. A multi-purpose programme entitled Building Choices has been introduced which is intended to give the prison staff some flexibility in meeting the needs of different groups. Since we have in the past met prisoners who were not able to access prescribed programmes in HMP Moorland, there should now be less necessity for them to be transferred to other prisons to meet progression targets prescribed by the Parole Board. Our intention is to make prisoners' experience of programmes one of our thematic enquiries in the year ahead.

7.4 Family contact

7.4.1 The value of contact with family and significant others, mentioned in the paragraphs relating to IPP prisoners, is relevant to the rehabilitation of all prisoners.

7.4.2 Some families have expressed reluctance to bring children to visit due to the presence of PCoSOs.

7.4.3 Visitors often arrive early to maximise their time during visits as the queuing at the visits hall for searches cuts into visiting time allocation.

7.4.4 Staff are consistently described as helpful and respectful towards visitors. In particular, the conduct of the dog handler has been positively noted for providing reassurance to visitors who are uncomfortable around dogs. Suitable alternatives are on offer for those who refuse the dog searching.

7.4.5 The visitor café is appreciated; however, concerns have been raised about limited food options and delays in service, which can eat into time spent with the prisoner.

7.4.6 Visitors generally choose to wait outside the visitor centre after checking in. Often, they appear to visit alternative facilities in the area while waiting.

7.4.7 Family days and enrichment activities are available, though some visitors have indicated that earlier notice would improve their ability to attend.

7.4.8 Prisoners sometimes request transfers to prisons closer to their families; however, this is often difficult due to overcrowding and limited availability of suitable placements.

7.4.9 Toys in the visits hall are well received and contribute positively to the visiting experience.

7.4.10 A new mural covering a very large wall in the prison at the visitors' arrival area has done a lot to make the prison less intimidating. This and other murals reflect the locality's history such as the nearby former airfield, lakes and local wildlife.

7.4.11 There were very few applications received in relation to family visits and phone calls (fewer than 4% of the applications).

7.5 Resettlement planning

7.5.1 The past year has been described as challenging due to the rapid turnover of prisoners in the various early release schemes. Additionally, a lot of prisoners with short sentences can undermine the impact of resettlement procedures.

7.5.2 Nevertheless, there has been strong interest from employers, including those in small and medium enterprises, and from the Chamber of Commerce, in coming into the prison to motivate prisoners to seek work.

7.5.3 Unfortunately, as the HMPPS enquiry *Just Passing Time* discovered, there is still reluctance from employers to consider PCoSOs for work after their release. This affects the rate of post-release employment for prisoners leaving Moorland. Although at 23%, the prison did not quite meet the target for ex-prisoners' employment after six weeks, 47.8% of them were in work after six months, which is above target.

7.5.4 There are mixed reports regarding resettlement support. Some prisoners reported limited or no contact with POMs in the period leading up to their release, which resulted in difficulties in securing accommodation, opening bank accounts, obtaining telephones etc. Conversely, other prisoners described positive experiences with resettlement planning and support. This suggests inconsistency in the delivery of pre-release services. This is difficult to assess as prisoners may not appreciate the problems they face until after release.

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	7
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	309

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year	Percentage in current year
A	Accommodation, including laundry, clothing, ablutions	17	25	6.2%
B	Discipline, including adjudications, incentives scheme, sanctions	13	21	5.2%
C	Equality	8	15	3.7%
D	Purposeful activity, including education, work, training, time out of cell	9	12	3.0%
E1	Letters, visits, telephones, public protection, restrictions	21	16	4.0%
E2	Finance, including pay, private monies, spends	7	16	4.0%
F	Food and kitchens	12	9	2.2%
G	Health, including physical, mental, social care	63	73	18.0%
H1	Property within the establishment	34	44	10.9%
H2	Property during transfer or in another facility	40	31	7.7%
H3	Canteen, facility list, catalogues	6	17	4.2%
I	Sentence management, including HDC, ROTL, parole, release dates, recategorisation	38	37	9.1%
J	Staff/prisoner concerns, including bullying	27	61	15.1%
K	Transfers	8	15	3.7%
L	Miscellaneous Complaints	22 0	13 0	3.2% 0.0%
	Total number of applications	**325**	**405**	**100%**

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