



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

**For reporting year  
1 March 2020 – 28 February 2021**

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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 and YOI Moorland is a category C resettlement male prison which has provision for 1006 prisoners. This was reduced during the peak of the pandemic to 985, to allow a reverse cohort unit, but reverted to 1006 in September 2020.

The population is diverse and, at the time of writing, includes 54 prisoners who are under 21, 74 who are between 21 and 25, and 47 who are over 68, with the oldest being 82.

There are 140 foreign national prisoners and 392 men convicted of sexual offences (MCOSOs). The planned national reconfiguration plans, to increase the number of these cohorts of prisoners, have not been implemented due to the pandemic.

There are eight accommodation houseblocks; the eighth houseblock was constructed in 2020 from Bunkabed units and offers single accommodation for 47 men (see section 5.1). In total, there are 623 single cells and 223 double cells.

- Houseblock 2A is an induction wing, except for MCOSOs, for whom there is induction on houseblock 3.
- Two houseblocks, 3 and 4, house solely MCOSOs 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 (pre-Covid) but are seated separately.
- Houseblock 5 A wing has prisoners, some of whom were recently housed in the segregation unit, and others who may have been moved from their original houseblock. During the reporting period, basic regime has been dramatically reduced and all cells have televisions and in-cell telephony. The previous programme delivery has not continued and the future structure of the wing is being considered in the prison recovery plan. Houseblock 5B houses full-time workers working towards, or already having, enhanced incentives and earned privileges (IEP) status.
- Houseblock 6B has worked towards being drug free accommodation with voluntary drug testing as part of the regime in the prisoner compact. Elsewhere intelligence-led mandatory drug testing re-started on a limited basis after the first lockdown.
- Houseblock 7 is used for men who have any special medical or social care needs and they tend to be in the older age group.
- Reverse cohorting (quarantining groups of prisoners who arrive together) has been operational on HB2, and HB3 for MCOSOs, for new receptions during the pandemic. A protective isolation unit (PIU) has been operational within the segregation unit for the majority of the year for those prisoners who have tested positive for Covid-19, except when there was a significant outbreak in February 2021 when complete wings were locked down.

There are 16 workshops, two barber shops, two libraries, two education centres, a kitchen, gym, chapel, non-residential healthcare centre, resettlement hub, reception area, visits (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). However, the Governor has worked with Public Health England (PHE) and Her Majesty's Prison and Probation Service (HMPPS) to safely manage the care of prisoners and staff whilst seeking to progress through the 'staged' regimes at the earliest opportunity.

Healthcare and education are commissioned regionally and delivered by Care UK (which renamed its clinical services arm Practice Plus Group during 2020) 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.

The impact on the Board has been that all members have monitored remotely, throughout most of the reporting year, with procedures established to retain contact with the prison by telephone and email and, additionally, with each other via teleconferencing and Zoom meetings. Collecting and collating information to inform this report has been restricted by having limited access to paper information held at the prison but the Board, with the help of prison staff, has obtained relevant evidence where it can and has drawn on information collected during the reporting year from reports, meeting minutes, application statistics etc.

As the result of virtually no direct prisoner contact during the year the Board decided to undertake a brief survey, focussing on those prisoners who had been at the prison throughout the pandemic (see Appendix 1). Approximately 240 surveys were delivered; 98 were returned – a 40% return rate. The results enabled the Board to triangulate some of the information received from staff, confirming some issues and raising some concerns identified in later sections.

The anticipated population changes did not occur, with the ratio of different categories remaining relatively constant. There were 206 transfers out of 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 not been available, prison offender managers (POMs) have worked on sentence progression with their community colleagues and the prisoner. However, this has been frustrating and challenging for some of the prisoners.

During the year, the opportunity was taken to decorate many of the common areas and re-vamp the gym equipment, which improved the general appearance within the prison. The visits hall had considerable work done to enable social visits, when allowed, although these were less well received (with masks and perspex screens) than the introduction of video visits (known as Purple Visits). Prisoners have also

made good use of the 0800 telephone IMB application line, introduced in Moorland in July 2020, making 77 calls, approximately 50% of the total IMB applications for the reporting period, Mar 20/Feb21.

## **3.2 Main judgements**

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

Levels of violence, self-harm and the number of assessment, care in custody and teamwork plans (ACCTs) have all continued the downward trend identified in the last annual report. In the whole reporting period, there were 87 incidents of violence, a decrease of 54% from the previous year. Twenty-seven were assaults on staff (down from 49 the previous year) and 60 were prisoner-on-prisoner assaults (down from 139 the previous year).

Obviously, there was significantly reduced mixing of prisoners and movement around the prison, reducing the potential for prisoner-on-prisoner violence. However, in the applications received, staff/prisoner concerns, including bullying, was the second highest category (see section 8).

The incidence of self-harm reduced by 26.5%, with 373 incidents reported. Similarly the number of ACCTs (365) was 75% of last year's figure. Our prisoner survey in February 2021 identified that, of the 98 prisoners responding, 95% felt safe during the pandemic.

In the past year, security reported significant medication intelligence, for example: finds of medication when completing cell searches/area searches, intelligence around possible diversion/selling/concealing of medication and /or bullying related to medication and hooch finds, which usually shows supply of psychoactive substances is low. The restricted regime, reduction in transfers and social visits have contributed to this. All such intelligence reports are disseminated to the head of healthcare for them to carry out a medication review.

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

Overall, during this unprecedented year the Board is satisfied that the prison has made considerable efforts to treat prisoners fairly and humanely. As in previous years, much of the Board's attention has been on the segregation unit, which has included the protective isolation unit (PIU), and the segregation reviews and weekly rota have evidenced the use of correct procedures and care for the prisoners there. Across the prison, efforts have been made to offer the optimum regime, within the current restrictions, for example opening the gym as soon as possible and making full use of video visits.

The opportunity has been taken to decorate the establishment and install the necessary protective equipment, for example in the visits hall. In-cell television, for all but those in the segregation unit, has been appreciated as has the additional phone credit and in-cell telephony. However, there is no doubt that many prisoners have found lack of education, work and their usual association has left them bored and experiencing deterioration in their mental wellbeing (see 6.3.3).

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

The Covid-19 pandemic has of course impacted on the provision of healthcare over the past year, but the IMB is satisfied that everything possible was done to maintain essential services and to minimise the risk of infection. This included the identification and isolation of no fewer than 233 prisoners who needed to shield. Covid-19 case numbers remained very low for most of the year. However a large outbreak occurred in February 2021 affecting around 150 men at its peak, which severely disrupted other clinical services. The prison complied with advice from PHE, and the outbreak was brought under control with no fatalities.

The vaccination programme within the prison has exactly mirrored that in the community i.e. vaccines have been offered to each of cohorts 1-9 at the appropriate time, totalling 302 during the reporting year.

52 out of 96 IMB survey respondents said their mental health was now worse than before the restricted regime started. Daily welfare checks have been completed on all patients on the mental health caseload and those prisoners considered 'complex cases', as defined by the exceptional delivery model (EDM). The care of prisoners with severe mental illness continues to be a problem, with one prisoner waiting 34 days for transfer to a secure unit for urgent psychiatric assessment. All credit is due to the mental health team and the segregation staff for the quality of care offered to him under inappropriate conditions.

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

Covid-19 brought education and vocational training to a virtual halt as contracted providers withdrew from the prison. There has been very gradual re-introduction of services with some small educational groups now operating on wings. Despite distraction packs and some in-cell educational activities, this withdrawal has resulted in men feeling frustrated and bored.

Essential services – kitchens, wing-cleaning, DHL canteen and breakfast packs - did continue in Covid-safe conditions so prisoners employed in those areas could continue working.

Offender management was also severely impacted with withdrawal of offending behaviour courses, assessments and sentence-related transfers. However, in-cell telephony was used to progress sentence-planning and resettlement as far as possible.

### **3.3 Main areas for development**

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

Can the Minister ask the Secretary of State for Health and Social Care to address the national shortage of secure psychiatric beds?

Can the increased accommodation provision for released prisoners being piloted be rolled out as swiftly as possible to all areas?

## **TO THE PRISON SERVICE**

Can more resources be made available to address the backlog for delivery of programmes identified in prisoners' sentence plans?

Can use be made of the extensive investment and cabling already installed at the prison to progress the implementation of in-cell technology?

The Board remains concerned that the daily budgetary allowance for food does not allow sufficient nutritional content.

## **TO THE GOVERNOR**

Can priority be given to the re-establishment of meaningful key worker sessions across the prison?

Can there be greater attention given to the IPP prisoners and their progression and resettlement?

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

3.4.1 All prisoners on normal location were given a TV. National broadcasting provided a distraction during lockdown and Connect TV (Moorland's in-house TV service) disseminated information to the prisoners from all areas of the prison establishment e.g. Pact family engagement worker shared information about services; IMB informed prisoners about their survey.

3.4.2 The existence of in-cell telephony has allowed those working in the area of offender management and progression to maintain contact with prisoners who are preparing for their release e.g. sentence planning has continued (7.3.3); Pact has provided support to prisoners and their families (7.4.7); the community rehabilitation company (CRC) has completed 12-week plans (7.5.1). Parole hearings have continued via video links. (7.3.7). A benefits claim line has been introduced to overcome the lack of face-to-face contact with Job Centre staff (7.5.6)

3.4.3 Family contact has been enhanced with the provision of £5 PIN credit per week and in-cell phones (7.4.1). Monthly Purple Visits video calling was introduced to maintain family contact and this was further enhanced with the increase in call frequency to weekly (7.4.7).

3.4.4 The management of Moorland prison responded quickly to the demands of the changing national restrictions e.g. the reconfiguration of the visits hall and the introduction of hygiene measures (7.4.4); the repair of the in-cell phones in houseblock 5A (7.4.1).

3.4.5 However, due to the pandemic, there was little progress on the issues identified in the concerns raised in our last report (see below). However, there is progress under way in some areas e.g. Mental Health Act White Paper consultation and other areas are included in the prison's 'recovery plans' as well as a return to sufficient key worker sessions and development of relevant vocational training and qualifications.



Area	Concern raised in 19/20 report to Minister/HMPPS/Governor	Current Assessment	Reference in 20/21 report
Health and wellbeing (6)	National shortage of secure psychiatric beds.	The care of prisoners with severe mental illness continues to be a problem. Despite the best efforts of the prison staff and advocacy from the IMB, a prisoner referred for urgent psychiatric assessment on 19 March 2020 remained in the segregation unit for 34 days before he was finally transferred to a secure unit in the south of England, there being no beds available in the whole of the north-east, the north-west or the Midlands.	6.3.2
Progression and resettlement (7)	Need to increase the provision of suitable release accommodation	The number of those with no fixed abode (NFA) has decreased as local councils were housing all NFA releases.  However, there are no long-term improvements established for those being released.	7.5.8
Progression and resettlement (7)	Insufficient provision of programmes to allow prisoners to progress towards a successful resettlement	Delivery of the Horizon, Resolve and Thinking Skills programmes (TSP) have been limited due to Covid-19 restrictions and staff shortages. 281 people have been identified as eligible to start their programme once restrictions are lifted.	7.3.5

Health and wellbeing (6)	Review the national daily budgetary allowance for food to ensure sufficient nutrition for all prisoners	The daily food budget remains at £2.02 and has not been increased for some years, although it is subsidised from the additional allowance if the prison roll is less than the operational capacity	5.1.7
Fair and humane treatment (5)	Need to return key worker sessions to their former levels to offer the required support to prisoners on the wings	Due to the pandemic, key worker sessions were initially ceased and welfare checks instigated in their place. However, in the later months of the reporting period key worker sessions were resumed for prisoners assessed as vulnerable.	5.4.2
Progression and resettlement (7)	Consideration be given to increasing the number of vocational and accredited qualifications in the workshops to enhance prisoner confidence and employment opportunities on release	The majority of men (80-96%) were withdrawn from workshops with the loss of work experience and development of employability skills, including timekeeping, working as a team, communication, building self-confidence. Neither were they able to obtain accredited vocational qualifications.	7.2.1

## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction

4.1.1 There have been 1270 receptions during the reporting period, all of whom have been assessed at reception by healthcare and also had body scans to identify any secreted items. Of the total 2173 body scans completed, 80 were positive and, of these, 54 were new receptions. All new receptions testing positive are taken immediately to the segregation unit. Others are taken to the houseblock 2 induction wing or houseblock 3, for MCOSOs. During the pandemic, reverse cohorting

procedures have been established to minimise the transmission of Covid-19. Reception closes at 5pm but staff are available for late arrivals.

4.1.2 All new receptions attend induction sessions, and have access to information via Connect TV. During this year they have been heavily reliant on staff for information and appropriate forms to make applications/complaints as there has been limited access to the prisoner information desk (PID) workers.

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

4.2.1 During the lockdown, with regime restrictions, self-harm numbers have seen a decline in the number of incidents reported, a 26.5% decrease from the previous year, with a total of 373 incidents. The lowest monthly incidents (11) were reported in November, before the final quarter of the year saw a significant and increasing number of incidents. An annual overview showed that operational reasons (for example the availability of vapes, pin/phone credit issues, adjudications) were the most prominent declared cause of self-harm but there were also external triggers such as relationship problems.

4.2.2 365 ACCTs were opened in the reporting year, many of which highlighted the lack of good quality conversation with relevant staff. Consequently, training and advice was given to staff to increase their understanding and skills and this issue has improved as evidenced through the quality assurance process.

4.2.3 Due to the current restrictions, no Listeners have been deployed. There are currently three trained Listeners and the training of further men has been prioritised to take place as soon as the trainers are willing to attend the prison. Samaritans can be accessed through in-cell phones, a resource which has been used frequently. According to the PIN phone system, Samaritans have been accessed on 4248 occasions during the reporting year, 354 per month.

4.2.4 There were three deaths in custody during the reporting year, none apparently self-inflicted. The inquests have yet to be heard but one PPO report was received (see 6.1.3) and concluded that the care given to the prisoner, who had several serious health issues, was equivalent to that which he could have expected to receive in the community

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

4.3.1 In the reporting year there were 87 incidents of violence, a decrease of 54% from the previous year. Twenty-seven were assaults on staff (down from 49 the previous year) and 60 were prisoner-on-prisoner assaults (down from 139 the previous year). The decline was mainly due to the restricted regime with the reasons given for prisoner-on-prisoner assaults that did happen mainly being bullying and debt. Reasons given for those against staff were 'issues with staff' and the final half of the year saw an increase in liquid being thrown or spitting through the side of cell doors.

4.3.2 760 challenge, support and intervention plans (CSIPs) have been submitted during the reporting period, with staff reporting that the safety of men is easier to achieve using the restricted regimes and houseblock bubbles. The safer custody team have proactively ensured that issues between men have been resolved and

appropriate movement of men has taken place to reduce risk and address concerns raised. The IMB survey found that 95% of prisoners felt safe during the pandemic.

4.3.3 There have been four serious incidents, all of single prisoners at height, requiring national resources to attend. All have been resolved peacefully with no tactical intervention required. The IMB have been notified when each serious incident has been declared and kept informed, via the phone, of the progress and resolution. The welfare of the prisoner has been checked by phone on their transfer to the segregation unit.

4.3.4 Self-isolation has not been a significant issue this year but the prison is anticipating a rise in self-isolators as the regime restrictions are lifted. This is being addressed proactively by disruption meetings, which review key prisoners, both men at risk and those who pose a risk to others, constantly coming to the attention of security. The meeting agrees the appropriate disruption technique to apply (e.g. segregation, houseblock move, conversation with prisoner etc).

#### **4.4 Vulnerable prisoners, safeguarding**

4.4.1 a number of MCOSOs, who had been appropriately risk-assessed were transferred from houseblocks 3 and 4 to HB8 in the newly established 'bunkabeds'. (see 6.1.3).

#### **4.5 Use of force**

4.5.1 During the reporting period there were 286 use of force incidents recorded, with age and ethnicity noted for monitoring processes. The only disproportionality noted was in the young offender population (18-25), mostly in response to their typical adolescent behaviours.

4.5.2 PAVA was drawn and not used on one occasion. Batons were drawn on two occasions and used one of those times. Such incidents are reviewed at the monthly use of force meetings, for which minutes are available to the IMB as they have not attended this year.

#### **4.6 Substance misuse**

4.6.1 The use of the body scanner in reception is a key tool for preventing drugs being brought into the prison (see 4.1). All mail, except legal, is scanned and the scanned copy sent to the prisoner as another means of prevention of drug importation to the prison.

4.6.2 In the past year, security reported significant medication intelligence (see section 3.2) and hooch finds which may indicate that psychoactive substances (PS) availability was low. The supply of PS, mainly spice (a synthetic cannabinoid) paper, dramatically increased in the last few months. This is thought to be linked to a transferee into the prison.

4.6.3 Mandatory drug tests (MDTs) have only just started again and these are only 'on suspicion' due to Covid-19, so comparable figures against the previous year are not reliable. Similarly, searches are intelligence led. The prison recovery plan will reinstate random drug tests and searches.

4.6.4 Security has staff security champions on the houseblocks with whom it liaises very closely. There are weekly disruption meetings and any men that are linked to bullying, taxing or supply are discussed in this multi-disciplinary meeting. CSIPs are managed by safer custody, which works very closely with security. Bullying during the pandemic has been reported as low due to the restricted regime and access to very few workplaces but it has been a significant issue in both IMB applications and the IMB prisoner survey (see appendix 1).

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

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

5.1.1 In previous years, the Board has undertaken, in quarterly cycles, a complete inspection of all accommodation and functional parts of the prison and has submitted a weekly exception report to the Governor, noting both good practice and concerns. Unfortunately, that has not been possible apart from a few ad hoc visits made during the year

5.1.2 Building works included the creation of a 47 Bunkabed houseblock, each unit offering self-contained ensuite accommodation. Improvements continue with the provision of covered walkways and a communal area and wider surfaced pathways. All occupants are risk-assessed and tend to be older than average.

High score for the foresight which created single occupancy, ensuite pod or Portakabin provision.

Survey respondent

5.1.3 Plans are under way to re-purpose part of houseblock 7 as an NHS funded intermediate care unit (see 6.4.1).

5.1.4 Other work has resulted in new windows in all houseblocks, allowing better ventilation. Complete prison re-roofing is planned for 2021. Staff and a limited number of prisoners have been working to repaint the prison; this creates a brighter environment.

5.1.5 The national pandemic restricted regime has resulted in changes to mealtimes (see 5.2.2), limited time out of cell per day (specified minimum 1 hour) and loss of employment and education for many men. However, until we received the responses from our prisoner survey, we were not aware that showers and exercise, were often available on only one day over the weekend. Apart from segregation, all prisoners have access to in-cell television and telephony and have been given additional £5 weekly phone credit. Distraction packs have been provided and generally, behaviour has been reported as good.

5.1.6 Before the pandemic, the Board carried out regular inspections of the kitchen; however due to restrictions this has not been possible other than ad hoc visits. In last year's report, there was a continuing problem with a leaking roof which has yet to be

replaced. This is now due to take place in June 2021. The catering equipment has worked well and has not needed to be repaired or replaced by the contractors.

5.1.7 Food delivery, preparation and cooking have not been negatively affected by the pandemic, with Covid-safe 'bubbles' for the staff and prisoners. Food is transported from the kitchen to the houseblocks on heated trolleys, where it is served by the servery team. For operational reasons during the pandemic, the main hot meal was moved to lunchtime and the cold food is served during the evening time. This has had a mixed reception from prisoners, with some finding a limited cold tea-time meal insufficient to last them until breakfast.

5.1.8 Although the Board has not been able to regularly visit the kitchens and houseblock serveries in the last year, there has only been one food-related application made to the Board as compared to five received in the previous year. This figure indicates a generally good level of satisfaction from the prisoners. Similarly, the Board prisoner survey showed that of the 98 returned responses, only four prisoners reported their discontent with the quality of the food.

5.1.9 It was positively noted by the Board that the electronic weekly menu system is now working well and there have been no issues reported. Prisoners order their meals a week in advance and there has been an improvement in choices of food, with prisoners having at least five choices of food on the menu which caters to the different religious, social, and dietary needs. Where necessary a senior catering staff member will visit an individual prisoner to explore specialised dietary needs.

5.1.10 The introduction of additional 'snack packs' during the beginning of the pandemic was well received, however, a few prisoners reported that some of the snacks were too sweet. This additional provision is due to cease later in the year.

5.1.11 It is disappointing to note that the national daily food budget remains at £2.02 and has not been increased for some years, although it is subsidised from the additional surplus funding as the result of the prison roll being less than the operational capacity. The Board requests that the national daily budgetary allowance for food be reviewed on a national level to ensure that prisoners are receiving adequate nutrition.

## **5.2 Segregation, special accommodation**

5.2.1 Segregation, with a total capacity for 28 prisoners, has generally been quieter during the year, with an average number of 27 receptions per month, and this reflects the restricted regime across the prison. The average stay was 13 days, with 15 men appropriately authorised to be located in the segregation unit for over 42 days (from March 20-April 21).

5.2.2 However there has been an increase in admissions due to positive identification in the body scanner, with a total of 62 admissions for secreted items. Each prisoner on arrival is scanned for secreted items and moved to the segregation unit if positive. They remain until they scan clear and a recent regional audit has found the system generally accurate and the prison scoring highly.

5.2.3 The national policy of identifying and screening for secreted items is a default to the “transferring in” prison to complete the search. It is concerning that there continues to be a high level of prisoners arriving from other establishments testing positive. It would be helpful if there was an awareness scheme available at the “transferring out” prison of the compulsory body scan process; this may assist in reducing the additional segregation and costs around this issue.

5.2.4 Part of the segregation unit has been designated as the protective isolation unit (PIU) for Covid-19 positive prisoners, with 33 admissions to the unit over the year, adding a significant burden on staff at times. Adjudications also take place in the segregation unit with a total of 1516 in the reporting year, down from 2742 the previous year.

5.2.5 Board members are notified of new admissions to the unit and have continued to undertake a weekly rota review of the unit as well as attending twice-weekly segregation reviews – most of these have been done remotely via telephone conferencing during the reporting year.

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

5.3.1 In the main, relationships have been stable; the prison has been operating under the national Covid-19 guidelines. Given the national restricted regime which has allowed one hour per day for the prisoner to shower and exercise (including Covid-19 positive or isolating prisoners) inevitably there has been a level of prisoner dissatisfaction; the recent

IMB prisoner survey has shown this. Only 52% of the respondents rated communication between staff and prisoners as fair to very good. The Board are aware of the importance placed by the Governor on good communication and there is

disappointment that it appears not to have been in evidence on the wings. The number of negative responses regarding staff-prisoner relationships are, however, mitigated, to some extent, by a number of positive responses.

Officers have done an overall great job by attending work and risking their health. One or two officers are, shall we say, less than friendly.

Survey respondent

5.3.2 Following the national guidance and additional limitations in Covid-19 outbreak areas the key worker scheme has been restricted. However, in the latter part of the year, key worker sessions were re-instated for the more vulnerable prisoners.

### **5.4 Equality and diversity**

5.4.1 The ethnic background of the prison population remains similar to that of last year, with approximately 76% white and the remainder from an ethnic minority background. Currently, there are 44 different nationalities, including 191 foreign

nationals, who represent about 20% of the prison population. Muslim and Roman Catholic are the two most highly represented religions. Disappointingly, there is currently no Traveller representative within the establishment, as those who have applied have failed their security checks.

5.4.2 The induction team gives out information on what support and groups are available at HMP Moorland, with notice boards, self-help guides and information leaflets made available to prisoners. The Board has noted that the equality and diversity training for prisoners which was funded by the Prison Officers Association has ceased. This is being looked into by the equalities manager. There is currently a vacant post for an equality champion which has been advertised in the prison but has yet to be taken up.

5.4.3. The Board has received nine applications regarding equality and diversity issues as compared to five in the previous year. These applications were resolved. In the Board prisoner survey 2% of the prisoners raised equality and diversity issues.

5.4.4 The significant progress in the collection, analysis, and use of equality and diversity data was halted during the year as resources were focused on the more pressing needs of Covid-19. However, a new discrimination incident referral form (DIRF) log has been created by the prison to record and monitor protected characteristics which were previously not included.

I've seen in my last 8+ years how the prison system is very biased and unfair and at times openly racist towards BAME prisoners.

Survey respondent

5.4.5 There were 72 DIRFs raised this year against 76 in 2019. The Board has monitored any disadvantages resulting from the protected characteristics primarily through applications and ad hoc (rather than the usual six-monthly) checks on DIRFs which indicated no specific trend. However, it was noted that there were more DIRF applications during the Black Lives Matter solidarity protests in May 2020. The Equalities Officer thought this increase in DIRFs was due to the high media coverage of the events which increased an awareness of the issue. He also gave an example of how there tends to be an increase in DIRFs on sexual orientation during Pride month.

5.4.6 Connect TV was used to raise awareness in the prison, especially around Black History Month in October 2020 and LGBT month in February 2021. The prison also celebrated World Suicide Prevention day.

5.4.7 Equality action team meetings are held every two months with equality champions invited from across the prison. It was noted in the September 2019 equality action team meeting that the older peoples' forum was only taking place with the prisoners residing on houseblock 7; however the forums have now been rolled out throughout the whole establishment. There is also a protected characteristics



forum in the prison. The prison has also been able to secure funding for 25 members of staff to commence a British Sign Language course (BSL).

5.4.8 The Board worked with the segregation unit to ensure a prisoner with hearing impairment was able to use the telephone. Similarly, those for whom English is not a first language are able to access interpreters via a helpline to ensure they understand the prison processes and what is required of them and available to them.

## **5.5 Faith and pastoral support**

5.5.1 The chaplaincy has played an extremely significant role in a very challenging year due to the Covid-19 pandemic. The core chaplaincy team encompasses different Christian traditions and Islam. Support is provided to all regardless of beliefs. It was noted and raised by the Board during a recent visit that there was no literature available to prisoners of faiths other than Christianity. However, the Board has been advised that there is usually literature on Islam available and literature for all faiths can be accessed on request.

5.5.2 Visiting ministers provide pastoral care across a range of religions: Buddhism, Hinduism, Judaism, Sikhism, Jehovah's Witness, Humanism, and Paganism. A Mormon vacancy still exists and cannot be provided by the Mormon church.

5.5.3 During the last twelve months, the chaplaincy introduced new ways to operate during the Covid-19 regime. They have made great use of the in-cell television by broadcasting Christian worship, Friday prayers, and marking Pagan festivals. They have provided weekly reading/prayer/reflection for all faiths using central and locally created newsletters to help inmates feel better connected. The chaplaincy in-cell phone facility has been critical to keeping the chaplaincy team connected with larger numbers whom they do not have the capacity to see face to face.

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

## **5.6 Incentives and earned privileges**

5.6.1 Apart from a few prisoners placed on IEP basic regime (generally for serious offences) all prisoners have at least been placed and retained on standard IEP regime.

## **5.7 Complaints**

5.7.1 The complaints system, as with the IMB applications, has seen a drop in the past year. Since October 2020, the prison has interrogated the monthly complaints figures and is now tracking trends as to type of complaint and the area to which it applies. Of note, there were a large number of complaints relating to reception,

which is likely to have resulted from positive body scans and this is an issue that the IMB will monitor in the forthcoming year.

## 5.8 Property

5.8.1 From October 2020 – February 2021 there were a total of 626 complaints, of which 17% related to property, and this was the second highest category in IMB applications. The significant impact on prisoners of lost property between establishments continues, on a lesser scale due to the reduced number of transfers, and is one of the most difficult to resolve satisfactorily.

## 6. Health and wellbeing

### 6.1 Healthcare: general

6.1.1 Healthcare continues to be commissioned by the NHS and provided by Care UK, which renamed its clinical services arm Practice Plus Group during 2020.

6.1.2 A joint HMIP/CQC inspection report published in June 2019, though broadly positive about healthcare at Moorland, identified one respect in which legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 were not being met: this concerned medicines management, and resulted in

The weakness is healthcare (obviously they are stretched) but it would help if you get tablets when required. They ask for 14 days warning yet often you don't get them for three or four days later.

Survey respondent

delays to provision of medicines or interruptions in supply which could have affected patient health.

The CQC conducted a follow-up desk-based review in July 2020: this reported that all the required improvements had been made, and Care UK was by then fully compliant with the regulations.

Nevertheless a few respondents to the recent IMB survey spontaneously commented that medication delays were still an issue, and this was mentioned in a few IMB applications.

6.1.3 An independent investigation by the Prisons and Probation Ombudsman into a death in custody on 15 October 2020 concluded that the care given to the prisoner, who had several serious health issues, was equivalent to that which he could have expected to receive in the community.

6.1.4 The Covid-19 pandemic has of course impacted on the provision of healthcare over the past year, but the IMB is satisfied that everything possible was done to maintain essential services and to minimise the risk of infection. This included the identification and isolation of no fewer than 233 prisoners who needed to shield.

6.1.5 Covid-19 case numbers remained very low for most of the year (mainly prisoners testing positive on reception, who were then isolated for the recommended period, and one who acquired Covid in hospital after admission for another

condition). However, a large outbreak occurred in February 2021 affecting around 150 men at its peak, which severely disrupted other clinical services. The prison complied with advice from PHE, and the outbreak was brought under control with no fatalities.

6.1.6 The vaccination programme within the prison has exactly mirrored that in the community i.e. vaccines have been offered to each of cohorts 1-9 at the appropriate time, totalling 302 during the reporting year.

6.1.7 Service user forums have had to be suspended due to the pandemic, but a newly-appointed engagement champion is developing a process to enable the healthcare representative scheme to be relaunched.

6.1.8 The number of health-related applications to the IMB was only 32 this year (21% of the total) compared with 65 in the previous reporting year (19.0% of the total). These do not indicate any major cause for concern. Complaints submitted directly to healthcare numbered 46 in January-February 2021. Unfortunately the numbers for March to December 2020 are not available.

## **6.2 Physical healthcare**

6.2.1 It is difficult to report on GP and clinic waiting times as these have fluctuated so much during the pandemic. Cases are always triaged so that urgent problems can be dealt with (e.g. GP urgent care within 48 hours) but the current four GP sessions per week is not adequate, and this has caused some delays in GP access for less urgent problems and follow-up appointments.

6.2.2 During and after the recent significant outbreak the waiting time for non-urgent dental check-ups was reported to be up to 32 weeks and for non-urgent optician and podiatry appointments up to 20 weeks. Efforts are now being made to try to tackle the backlog.

6.2.3 There has been a reduction in the availability of on-site healthcare at night: last year extra funding for a prisoner with very severe needs enabled 24-hour nursing cover. Since his release, cover between 7.30pm and 7.30am consists of telephone consultation with an emergency care practitioner or one of the local prison heads of healthcare on a rota system, though of course an ambulance or paramedic first responder can be summoned in case of emergency.

6.2.4 With the onset of the pandemic, most non-emergency hospital activity was cancelled by the NHS, but systems were gradually set up to allow some specialist appointments to be carried out via video link. Data on cancellation of hospital appointments by the prison has not been collected in the normal way this year.

## **6.3 Mental healthcare**

6.3.1 At the end of the reporting year, there were three mental health nurse vacancies out to advert, but daily welfare checks have been completed on all patients on the mental health caseload. Weekly meetings have been held to discuss new referrals and those causing particular concern. The mental health team has

continued to provide input to ACCT reviews and segregation reviews, but group therapy sessions have had to be cancelled because of Covid-19 restrictions.

6.3.2 The care of prisoners with severe mental illness continues to be a problem. Despite the best efforts of the prison staff and advocacy from the IMB, a prisoner referred for urgent psychiatric assessment on 19 March 2020 remained in the segregation unit for 34 days before he was finally transferred to a secure unit in the south of England, there being no beds available in the whole of the north-east, the north west or the Midlands. All credit is due to the mental health team and the segregation staff for the quality of care offered to him under inappropriate conditions.

6.3.3 Prison staff report that prisoner morale has been better than might have been expected. Nevertheless 52 out of 96 IMB survey respondents said their mental health was now worse than before the restricted regime started, while six said it was better, and 38 much the same.

#### **6.4 Social care**

6.4.1 Part of houseblock 7, which currently caters mainly for elderly and frail prisoners, is to be converted to provide a nine-bedded intermediate care unit, funded by the NHS, for prisoners from across Yorkshire and Humber who meet strict clinical criteria. This is expected to reduce hospital in-patient stays and the need for bed-watches.

#### **6.5 Exercise, regime**

6.5.1 The normal exercise regime has of course been significantly affected by Covid-19 restrictions, and the gym has been closed for much of the year. Men have been able to exercise outside only in small groups but PE sessions organised on the exercise yard have proved popular.

6.5.2 Time out of cell has also been much reduced while education classes and all but essential workshops have been suspended. However, all prisoners, with the exception of those in segregation, have been given access to television, which was previously not allowed to those on basic regime. This, combined with in-cell telephones and Purple Visits, has helped to maintain morale. On the whole prisoners have been very understanding about the necessity of restrictions, and have understood that the general population has been in lockdown for most of the year too.

6.5.3 Family contact during the suspension of visits has been maintained by phone and Purple Visits i.e. video calls, which have enabled some prisoners whose families live far away or find travel difficult to have more contact than normal.

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

6.6.1 Thirty men were reported to be under the influence of substances (including both psychoactive substances and alcohol) during the reporting period compared with 185 last year. The main substances used illicitly this year have been

buprenorphine and prescribed medication that has been diverted, including anti-psychotics, neuropathic pain medication (pregabalin) and sedative anti-depressants.

6.6.2 The substance misuse service has conducted 4049 appointments during this year (up from 2852 last year). Most were undertaken face to face with appropriate Covid-19 measures being observed, but some were conducted via in-cell telephony.

- 1891 men accessed the service during this time, including 70-95 on opiate substitution therapy, and 158 were released with take-home naloxone.
- 208 brief alcohol interventions were completed.

It has not been possible to deliver mutual aid meetings and group work due to Covid-19 restrictions.

## 6.7 Soft skills

6.7.1 Little in the way of group sessions has been possible this year due to Covid-19 restrictions.

## 7. Progression and release

### 7.1 Education, library

7.1.1 The Covid-19 pandemic brought education, vocational skills training, and libraries to a virtual halt. Services are contracted out to Novus within specific terms of delivery contracts. The lockdown of prisoners, confining them to cells, impacted on the providers' ability to continue provision. Teaching and other staff were furloughed or worked from home whilst contracts were re-negotiated. From April – July 2020, there was little activity with significant loss of assessments and learning opportunities. Approximately 72% of men lost any kind of meaningful education, including distance learning and Open University.

Been trying to get education courses for some time but still waiting.

Survey respondent.

7.1.2 In July 2020, there was some return of services enabling a resumption of the outstanding 500 initial assessments. Similarly, there was a resumption of some Open University and distance learning opportunities. However, the impact has been significant, with men not receiving appropriate education/assessment and some being released without having had any opportunity to engage in education during their sentence.

7.1.3 The delivery of books from Doncaster Metropolitan Borough Council stopped in March 2020, resulting in a static range of reading materials. In June 2020 safe arrangements were made for men to order library books in cell, although waiting lists could be long. Books could be sent in by family or friends.

7.1.4 A range of distraction packs was available to all prisoners and subsequently a request system was introduced for men to receive appropriate learning material. This

was supported by packs from Novus and the Shannon Trust and by the prison safer custody and programmes departments.

## **7.2 Vocational training, work**

7.2.1 The majority of men (80-96%) were withdrawn from workshops with the loss of work experience and development of employability skills, including timekeeping, working as a team, communication, and building self-confidence. Neither were they able to obtain accredited vocational qualifications.

7.2.2 The kitchens, DHL and breakfast packs workshops continued with special arrangements made to comply with Covid-19 restrictions. Wing cleaners continued but with reduced hours. The planned health and safety level 1 qualification was not able to be rolled out due to the supplier's furlough arrangements.

7.2.3 The prisoner survey indicated that 42% of those men previously in work did retain their job but there was no evidence of increased educational activities for men in their cells.

## **7.3 Offender management, progression**

7.3.1 The OMU department is staffed according to the offender management in custody (OMIC) model. As a result of secondment and detached duties, the prison offender managers (POMs) are understaffed resulting in an increased workload especially for the probation POMs who carry the high risk cases.

7.3.2 There is currently a backlog of 47 outstanding offender assessment system (OASys) reports. These overdue reports were inherited from transferring local prisons and the issue has been raised with regional management.

7.3.3 Sentence planning has continued throughout the Covid-19 pandemic and targets are still set. In-cell telephony has been used to maintain contact with prisoners as face-to-face contact has been difficult. However, critical face-to-face meetings have continued.

7.3.4 Re-categorisation reviews have continued throughout the pandemic. For those re-categorised to category D, a transfer to an appropriate open establishment is organised at the earliest opportunity and assessment and application for release on temporary licence (ROTL) can be commenced. ROTL continues to be available at Moorland for complex cases where progression to category D is not appropriate.

7.3.5 Horizon, Resolve and thinking skills programmes (TSP) have been limited in 2020-21 due to Covid-19 restrictions and staff shortages. During the reporting period, one Horizon group was successfully completed with six participants starting and completing the programme. Twenty-nine prisoners started the Timewise toolkit on a one-to-one basis. Four people did not complete this due to disengagement and one person was unable to continue as a result of the Covid restrictions imposed by HMPPS on 4 January 2021. He will be continuing with his sessions when the establishment progresses to stage 3.

Currently, 86 people meet the risk, need and responsivity criteria for Resolve, 154 for TSP and 41 for Horizon. All courses are scheduled to start as soon as circumstances allow.

7.3.6 There are currently 25 IPP men, all of whom are beyond their tariff date. The OMU reported that there were 11 IPP transfers out of Moorland in the reporting year but there is no information about any IPP releases, directed by the Parole Board, or other IPP progression. The Board will monitor this small cohort of men in 2021/22 to better understand and promote their progression.

7.3.7 Parole hearings have continued throughout the Covid-19 pandemic via video link.

7.3.8 There have been 1270 receptions to Moorland during the reporting period, 206 transfers and 1062 releases. There have been 190 men deported and 227 men have been released on home detention curfew (HDC).

## **7.4 Family contact**

7.4.1 All men were provided with £5 PIN credit per week at public expense, to enable more frequent contact with family and friends via in-cell phone. All in-cell phones on HB5A, the former reintegration unit, were repaired, meaning men on this unit have had equitable access to in-cell telephony as their peers on other units. Segregated men were given the opportunity to access the phone once a day with the additional credit assisting them in maintaining contact throughout the week. Those on HB8 were given access to a mobile phone for 45 minutes per day.

7.4.2 Where an area was considered an outbreak unit, due to raised Covid-19 infections, outgoing mail was quarantined for a period of 72 hours, however there was no change to arrangements for incoming mail.

7.4.3 Initially, visits were suspended from 22 March 2020. They resumed for a brief period (20 July-13 October 2020) when they closed again, as South Yorkshire was placed into tier three restrictions by central government.

7.4.4 There were notable changes to the visits process in order to ensure Covid-19 safety for staff, men and visitors. Reduced visits hall capacity was introduced (15 men per session). All visitors were required to socially distance throughout the process. Hand washing and sanitisation facilities were provided and face coverings were worn throughout. The layout of the visits hall was adapted to allow social distancing. Free-standing Perspex screens were placed on all tables, between men and visitors, to provide an additional layer of Covid-19 safety. However, many prisoners and their families found these necessary precautions outweighed the benefits of social visits and the take-up was low.

7.4.5 Visits briefly resumed in December, in line with the government's plans for household mixing over the festive season, however this was very quickly withdrawn when the festive plans were rescinded, due to rising infection rates. Visits at

Moorland have not been possible for the remainder of the reporting period due to national restrictions.

7.4.6 In lieu of visits, Purple Visits video calling was introduced across the prison, with each houseblock having its own allotted sessions, to prevent unnecessary mixing between residential units. Initially, every man was allowed one video call per month, however this was later increased to one per week, to increase the opportunity for family contact.

7.4.7 The Prison Advice and Care Trust (Pact) which provides support to prisoners and their families, initially offered a remote working service, and maintained contact with men, via 'email a prisoner'. They returned to site after the first national lockdown and have worked in the resettlement hub, making use of the 'call to cell' facility.

7.4.8 Pact has a family engagement worker who is on site four days per week. Awareness of the services provided by Pact has been shared with prisoners and their families via Connect TV (Moorland TV) and social media. As a result, the family engagement worker's case load has significantly increased.

7.4.9 Whilst Pact has been unable to run group work, it has offered a range of workbooks, enabling men to focus on topics such as managing worry, parenting and family matters. These have been in lieu of the normal group work which covers the same topics.

7.4.10 There has been no direct staff training on effective family engagement during the pandemic, however Pact has re-launched the Family Strategy document, which has been shared with all staff. Pact has also shared briefings with all units, to ensure that staff are aware of how and when to refer to them.

## **7.5 Resettlement planning**

7.5.1 Men have still been identified in their last 12 weeks and the support offered to them has remained the same, though this has been remote. The community rehabilitation company (CRC) has completed the 12-week plans via remote methods, including 'call to cell'. Services have been available for all men and referrals to other partners/agencies have continued. However, they have not been able to refer to partners who complete gate collections due to these being on hold.

7.5.2 Nacro provides support with accommodation, finance, benefits and debts. This includes supporting those with no fixed abode, move-on support from APS, supporting the service user's addition to the housing register, sustaining/ending tenancies, rent arrears, opening bank accounts, debt support and ID. Initially there were some problems in contacting debt agencies when the service user is required to speak to them, however this has been overcome by making contact via letter.

7.5.3 Novus Works, which offers in custody support on training, employment, interview skills, CV writing and job search, reports having achieved the same outcomes for men this year, despite the pandemic.



7.5.4 DWP (Job Centre) have not been on site at all, nor has it worked remotely to offer a service to men. A benefits claims line has been introduced, which will now remain in place.

7.5.5 APM (a service which helps offenders move toward social inclusion and employment) has not been on site at all during the pandemic, nor has it offered any service.

7.5.6 The support offered to men who had no fixed abode (NFA) has not changed during the pandemic. Referrals to housing providers have continued. NFA figures have dropped whilst in lockdown as local councils were housing all NFA releases. There was a total of 801 men released between April 2020 and February 2021. Ninety-two of those were classed as NFA. However, these include men who have an address and do not advise Moorland of this and those who do not attend their appointments with the council or housing providers.

7.5.8 During the pandemic, the prison employment tool which measures employment six weeks after release has been paused. There is no clear method for capturing this data and New Futures Network are working within the region to consider how this data will be recorded beyond the pandemic, to evidence the outcomes achieved.

## **8. The work of the IMB**

The Board at HMP/YOI Moorland have had to amend their working arrangements in the light of the pandemic and for the majority of the year have worked remotely. This has been challenging and frustrating; not to be able to have the face-to-face contact with prisoners and staff, nor sight of the various parts of the establishment, all of which inform our monitoring. However, we have developed methods of working – receiving daily briefings, joining twice weekly segregation reviews via dial-up\*, attending some prison meetings via teleconferencing, encouraging prisoners to use the 0800 applications line. Members have maintained a positive and regular dialogue with prison staff to maintain segregation unit weekly rotas and follow-up paper and 0800 applications. The Chair and the Governor have had fortnightly telephone updates and the Governor has dialled in to the monthly Board meetings, held initially via teleconferencing and latterly via Zoom.

Of significance was a visit by HRH Princess Anne to the prison on 17 September 2020, when she was particularly interested in how the prison had functioned during the pandemic. She met with three IMB members, one of whom was retiring in October after 25 years as an IMB member.

We have been successful in subsequently recruiting two new members – again, induction is challenging at the moment but both are enthusiastic and looking forward to spending more time in the establishment.

One member returned from sabbatical during the year and another is currently on sabbatical.

## Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	7( including 1 sabbatical)
Number of Board members at the end of the reporting period	7 (including 1 sabbatical)
Total number of visits to the establishment	62
Total number of segregation reviews attended	16 in person *see above, reviews have been attended via telephone dial-up for most of the year.

## Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	11	1
B	Discipline, including adjudications, IEP, sanctions	20	10
C	Equality	5	9
D	Purposeful activity, including education, work, training, library, regime, time out of cell	9	2
E1	Letters, visits, telephones, public protection restrictions	23	5
E2	Finance, including pay, private monies, spends	9	4
F	Food and kitchens	5	2
G	Health, including physical, mental, social care	65	32
H1	Property within this establishment	39	11
H2	Property during transfer or in another establishment or location	37	12
H3	Canteen, facility list, catalogue(s)	9	1
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	45	15
J	Staff/prisoner concerns, including bullying	35	18
K	Transfers	21	3
L	Miscellaneous, including complaints system	10	12
X	Covid-19 apps (not categorised)		13
	Total number of applications	343	150

This year saw 43% of the previous year's applications. Of the 150 applications, 76 (50%) were via the 0800 telephone applications line, introduced in HMP/YOI Moorland in July 2020. This drop in applications was anticipated as the IMB were no longer visiting, and therefore not visible, in the prison. Neither was there the same opportunity for issues to arise as workshops closed, transfers reduced etc within the restricted regime.

Predictably, health was the main concern (21%) and sentence management remained high (10%) with a degree of stagnation for many prisoners. However, more worrying is the disproportionate increase in equality and diversity applications (from 1% to 6%) and also staff/prisoner concerns (from 10% to 12%). The latter is also significant in the IMB prisoner survey (11%).

## **Appendix 1**

### **Board survey**

1 In planning their 2020-21 annual report, Moorland IMB was very aware that there had been minimal contact with prisoners since March 2020, when, due to Covid-19, lockdown restrictions were imposed across English prisons and the community. We therefore decided to conduct a brief survey, inviting prisoners who had been at the prison throughout the pandemic to respond to 17 questions and feedback as to their experience. This was done in consultation with the governor and with assistance from staff in distributing the survey sheets. Connect TV was used to promote the survey and remind prisoners to return their completed forms. We are most grateful for this help.

2 The Board has also noted the contents of the HMIP thematic review 'What happens to prisoners in a pandemic?' published in February 2021. We are also aware, as were many of the respondents, of the impact the pandemic has had on all staff in the prison, in terms of their health and wellbeing and the overall staffing levels in the establishment.

3 Approximately 240 surveys were distributed with 98 responses – an unexpectedly high return rate of 40%. The responses were anonymous, unless prisoners chose to attach their name and number. In those cases, a response was sent to the prisoner, after following up any specific issues raised. A few prisoners did not answer all questions.

4 In the collated responses, there were two significant positives – family and friend contacts (94% able to contact frequently) and feeling safe in prison (86%) – although, as one of our members pointed out, of concern are the 14% who did not feel safe. The in-cell telephony and additional £5 phone credit supported the phone contacts. Similarly the innovative Purple/video visits were well used (62%).

5 Until we received the responses we were not aware that showers and exercise, were often available on only one day over the weekend, with returns of 53% and 60% respectively for daily availability of showers and exercise.

6 Healthcare was a concern for many respondents, although 25% said they had not needed help. Of those needing help 58% said they had not been able to get help. For 53% of respondents, they assessed that their mental health was worse than before the pandemic.

7 With regard to hygiene measures taken by the prison, approximately 80% of respondents thought they were fair to very good, although some comments noted that staff were not always complying with social distancing/mask wearing. Also of concern, was the fact that only 52% rated communication between staff and prisoners as fair to very good. The Board are aware of the importance placed by the Governor on good communication and there is disappointment that it appears not to have been in evidence on the wings.

8 There was an inevitability that only 42% of those men in employment retained their jobs, as the majority of workshops closed, though there was no evidence of increased educational activities available to men in their cells. 33% of respondents had received an activity pack.

9 Little use of IMB applications was reported (7%) although there were approximately 150 applications registered by the clerk during this period from across the prison.

10 Finally, the overall rating of 'general treatment during the pandemic' ranged across the scores with 48% falling in the 'higher' score range (6-10 on a range of 1-10).

11 With regard to the respondents' additional comments, these were all noted and coded as per received IMB applications. Predictably, 25% were coded 'Covid' and these included both positive (40%) and negative (60%) feedback.

12 Health responses (17%) were also of concern, again with anxieties relating to the pandemic but also the delays in healthcare responses for non-Covid-19 related health issues. This, as with some other issues, was reflected in similar anxieties and concerns in the outside community. For many prisoners this could be an additional concern as prisoners worried about the health and welfare of their families outside and, occasionally, had to cope with the death of a loved one during the lockdown and restricted regime. The prison staff and chaplaincy offered support at these times.

13 The third highest (16%) category was lack of purposeful activity – an inevitable consequence of closing most of the workshops, offending behaviour courses, education facilities and the gym for most of the period. The latter was opened as soon as allowed and limited in-cell education produced. However, the lengthy time in cell and boredom was noted and this no doubt impacted on the experience of worsening mental health.

14 Of note are the 11% staff/prisoner concerns. Most of these related to lack of communication and keeping to social distancing rules – e.g. ‘no communication between officers and inmates’, although it was noted by one respondent that ‘officers have done an overall great job by attending work and risking their health’.

15 The Board felt this was a useful exercise in this unprecedented year and welcomed the feedback from the prisoners. Of course, we have not been able to engage in a dialogue, as we would have in interviews, and understand the limitations of such a process. However, it has offered additional evidence for our annual report and identified focus points for future monitoring. It is a process we would hope to repeat in the future – possibly with a thematic focus for a different segment of the Moorland population.

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