



Report on an unannounced inspection of

HMP Morton Hall

by HM Chief Inspector of Prisons

30 October – 9 November 2023



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Introduction

Near Lincoln and set in the grounds of a former RAF station, Morton Hall has been a custodial facility for nearly 40 years. The establishment was formerly a women's prison, and more recently an immigration removal centre. Since 2021, it has been a closed category C resettlement prison exclusively reserved for foreign national prisoners, holding up to 353 men. It is one of three such prisons across the country.

Although this inspection was generally positive, purposeful activity and preparation for release were not good enough, which was of concern in a resettlement prison. The jail was, however, safe and respectful and we judged outcomes against these two healthy prison tests to be good, our highest assessment.

Senior leaders were committed to the establishment. Both the governor and her deputy had been in post for several years and had overseen the institution's evolution. Their leadership had clearly created a culture that was encouraging and respectful, with an expectation of high standards that was well understood by staff. The prison was calm and new arrivals were received a good induction. Violence and use of force were lower than at comparable prisons and the positive relationships with staff, good access to the grounds and, for some, access to activities all provided good incentives to behave well. The use of segregation was low, and the application of security procedures was generally proportionate. There had been one self-inflicted death earlier in the year, but self-harm was fairly low and prisoners who were struggling were given reasonably good care.

Living accommodation was in generally good condition and was clean. The grounds were welcoming and supported prisoners' well-being, and there was reasonable access to amenities and facilities. Although the prison's approach to the promotion of fair treatment was unsophisticated and lacked cohesion, the generally caring ethos and quality of staff-prisoner relationships helped to mitigate this, so that outcomes across all groups were generally positive.

The main shortcomings we identified concerned the quality of the regime and access to work and education. On some units, prisoners spent all day out of their cells, but on others it could be as low as three hours a day, restricted principally by a shortage of activity places. Just under half of the population was fully engaged in activity and our colleagues in Ofsted, while noting some positive aspects of provision, criticised the lack of ambition in the education curriculum and the underemployment of many prisoners, leading to their overall assessment of requires improvement. Work to help reduce reoffending had developed too slowly, leaving many prisoners frustrated that they were unable to progress through their sentence. Contact with offender managers was infrequent, progress to open conditions was hardly ever achieved and there had been no use of release on temporary licence to support progress. Help with other aspects of resettlement planning were similarly limited, and many elements in place were still very new.

Despite these criticisms, Morton Hall is a capable prison and the issues we have identified are solvable. The stability of the prison and the quality of leadership are strong foundations for the progress needed. We have listed several priorities in our report which we hope will assist that process.

Charlie Taylor

HM Chief Inspector of Prisons

December 2023

What needs to improve at HMP Morton Hall

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

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

Priority concerns

1. **There was no provision for psychological treatment, which was a major gap for a population that was disproportionately likely to have had traumatic experiences as a result of torture and modern slavery.**
2. **Prisoners allocated to Windsor and Fry units received far less time out of cell than those on other units. This was not based on individual risk.**
3. **The curriculum was not ambitious enough to meet prisoners' needs; they had too few opportunities to gain accredited work qualifications, and vocational qualifications were only offered at level 1.**
4. **As a result of delays in Home Office decision-making, many prisoners were held beyond their earliest removal or release dates.** The delays hindered release planning and caused prisoners avoidable frustration and distress.
5. **Prisoners had too few opportunities to progress through their sentence. Only a very small number had so far moved to open conditions or been released on home detention curfew, and no one had been released on a temporary licence.**

Key concerns

6. **Most staff had not received training in safeguarding or in the specific concerns and needs of foreign national prisoners.** We found one case, for example, where the prison had failed to identify a confirmed victim of modern slavery.
7. **Prisoners could rarely eat together; the dining hall was rarely used and self-catering equipment on the units was inadequate.** This meant that opportunities were missed for helping prisoners to develop life and social skills, and to build positive relationships with staff and other prisoners.

8. **Prices of basic items available through the prison shop had increased sharply, and orders often arrived with items missing or damaged.**
9. **The prison did not have a comprehensive or cohesive strategy for promoting fair treatment and inclusion.**
10. **In education and work activities, tutors and instructors did not plan their courses well enough to make sure that prisoners developed substantial new knowledge and skills.**
11. **Prisoners did not receive consistently high-quality careers information, advice and guidance.**
12. **Leaders did not use quality assurance to address the developmental gaps of tutors and instructors.**
13. **Prison-employed offender managers had not received adequate training for the role.**
14. **Prisoners with sentence plans that required offending behaviour programmes were unable to complete them at Morton Hall.**
15. **Pre-release interventions to support prisoner needs, such as parenting, money management, employment and housing, were underdeveloped.**

About HMP Morton Hall

Task of the prison

Category C resettlement prison for adult male foreign nationals.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 332

Baseline certified normal capacity: 353

In-use certified normal capacity: 353

Operational capacity: 353

Population of the prison

- 51 new prisoners received each month.
- 37% deported directly from the prison in the last year.
- 18% released to the UK in the previous year, about seven a month.
- 53 prisoners receiving support for substance misuse.
- 14 prisoners referred for mental health assessment each month.
- About two-thirds of IS91 notifications, authorising a person's detention, were issued to prisoners later than the target of 30 days before release.

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: People Plus

Escort contractor: GEOAmev

Prison group

East Midlands

Prison Group Director

Paul Cawkwell

Brief history

Originally a Royal Air Force base, Morton Hall opened as a prison in 1985. New accommodation was added in 1996 and it was refitted in 2001 to provide facilities for women prisoners. Two more residential units were added in July 2002. In March 2009, Morton Hall, then a female semi-open establishment, was turned into an immigration removal centre for male detainees. In July 2021, the IRC closed and the site reopened in December 2021 as a closed category C prison for male foreign nationals.

Short description of residential units

Morton Hall has five units, all with single cells.

Fry and Windsor – 160 prisoners held over two floors; each cell has a toilet and shower.

Johnson and Sharman – 145 prisoners in ground-floor accommodation with communal toilets and showers. Johnson houses the induction unit.

Torr – 48 prisoners in ground-floor accommodation with communal toilets and showers.

Care and separation unit – six cells.

Name of governor and date in post

Karen Head, December 2021

Changes of governor since the last inspection

N/A

Independent Monitoring Board chair

William Millar

Date of last inspection

This was the first inspection since reopening as a prison.

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Morton Hall, we found that outcomes for prisoners were:
- good for safety
 - good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 This was the first inspection since Morton Hall reopened as a prison in December 2021.

Notable positive practice

- 1.4 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.5 Inspectors found three examples of notable positive practice during this inspection.
- 1.6 Prisoners receiving more than two boxes of paracetamol in a month were automatically referred to the GP to make sure that they had suitable medical attention for persistent pain. This also minimised the risks associated with large amounts of paracetamol in circulation. (See paragraph 4.78.)
- 1.7 Gym staff offered a very popular course that combined well-being exercise sessions with study of Stoic philosophy; participants reported benefits to their mental health. (See paragraph 5.7.)
- 1.8 Lincolnshire Action Trust (see glossary) provided good support to families and particularly to children. A family support worker met first-time visitors to explain the visits arrangements and search procedures, and provided additional support for children with disabilities or neurodivergent conditions, who might find the visit hall experience intimidating. (See paragraph 6.3.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Leaders had cultivated an ethos of respect towards prisoners. Staff told us that this was continuously reinforced to them. Prisoners were very positive in our survey and discussions about the level of respect they received from staff. In our survey, most staff also reported that senior managers set high standards of behaviour and said that they understood and agreed with the prison's priorities. However, despite a very high proportion of new staff, leaders had not ensured consistent line management supervision or mentoring, and some staff felt they needed more training for their roles and more developmental opportunities.
- 2.3 Prison leaders delivered inconsistent time out of cell across the prison, which was too reliant on the residential unit where prisoners happened to live. Leaders had not provided enough good-quality education, training or work. While most prisoners could work, they were often underoccupied in unchallenging wing-based jobs.
- 2.4 Leaders had not provided sufficient places for those who wanted to study English for speakers of other languages (ESOL); nor had they ensured sufficient opportunities for accredited qualifications in work or vocational qualifications above level 1. Consequently, not enough prisoners were developing skills that could be of use on release either to the UK or destination countries.
- 2.5 There had been ineffective leadership in the offender management unit until very recently, resulting in poor staff supervision and a lack of capability among prison-employed prison offender manager (POMs). Leadership of the unit had improved recently, but the strategic oversight and vision remained limited and were not based on a needs analysis of the population or driven by a focused action plan.
- 2.6 Leaders had not shown enough focus or ambition in their approach to reducing reoffending and release planning. For example, there had been no use of temporary release to support the reintegration of the large proportion of prisoners being released into the UK. Home Office leaders had also failed to resolve chronic problems with delayed decision-making about prisoners' immigration status, which continued to have a substantial impact on release planning.

- 2.7 Leaders took a thoughtful and proportionate approach to security, which promoted clear communication with prisoners and staff about the establishment's security priorities and good information-sharing between departments. Leaders had a generally good focus on deterring and limiting drug supply, although they had not ensured completion of all suspicion drug testing and staff searching.
- 2.8 A suitable level of safety data was now produced and helped leaders to understand the causes of violence and self-harm, but policies and action planning were weak. There had also been little attention to adult safeguarding and no relevant training had been delivered.
- 2.9 Fair treatment and inclusion were underpinned by good analysis of data and strong communication between staff and prisoners. However, strategic oversight and action planning were underdeveloped.
- 2.10 Health services were well-led with strong governance, oversight and learning from incidents. However, leaders had not ensured provision of psychology-led therapies for prisoners, despite the high demand for such services among a foreign national population at high risk of deportation and family separation.
- 2.11 The prison's self-assessment report reflected an accurate and realistic understanding of the areas that required further improvement.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 Prisoners experienced good support during their early days in custody and, in our survey, they were more positive than those at similar prisons: notably, 94% said they were treated well in reception and 90% said they felt safe during their first night in the prison.
- 3.2 Reception staff were welcoming and polite, and the atmosphere in reception was relaxed. Searching was proportionate; prisoners were body scanned and any further searching was based on an assessment of individual risks.
- 3.3 The reception area was clean and spacious. All new arrivals were met by peer supporters, including a Listener (a prisoner trained to provide confidential emotional support to other prisoners), who showed them a short film detailing the support he and his colleagues could provide. The peer supporters answered questions and provided details of life at Morton Hall, although no written information was given to new arrivals.



Reception HMP Morton Hall

- 3.4 All prisoners had a short private interview with staff in reception, often using interpreting, and there was an appropriate focus on safety. Any identified concerns were shared with staff in the induction unit. All new arrivals were offered a free five-minute telephone call.
- 3.5 Property arriving with prisoners was processed immediately and they could take all allowable items with them to the induction unit. In addition, they could all buy basic items from the prison shop to tide them over until they received their first order, which could be delayed for more than a week depending on their day of arrival (see paragraph 4.12).
- 3.6 First night cells on the induction unit were well prepared and clean. However, new arrivals did not receive written information about the prison, and they did not always receive well-being checks during their first night.
- 3.7 Most prisoners were positive about the informativeness of their subsequent induction, but the programme was delivered inconsistently. Some prisoners received a second interview on the day after arrival, but for others this could be delayed for up to six days. We were told that prisoners were visited by staff from various departments, but it was not clear who they could expect to see, and the input was not properly recorded. The induction booklet about life at Morton Hall was only available in English. Some related induction documents had been translated into eight additional languages, which was still insufficient for the wide range of languages spoken.

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.8 The number of violent incidents was low, and the prison felt calm and ordered. Over the previous year there had been 54 assaults on prisoners (five serious) and 15 on staff (one serious), which was lower than at similar prisons.
- 3.9 The monthly safer prisons meeting, which was attended by prisoner representatives, interrogated a range of data on violence. Managers had consulted prisoners on the impact that debt had on safety. This had contributed to an increase in prisoners' wages.
- 3.10 Professional and respectful staff attitudes, and reasonable access to recreational activities and the well-kept outside areas, encouraged good behaviour from most prisoners (see paragraphs 4.1 and 4.7). The incentives scheme played a more minor role in this, and fewer than half of respondents to our survey said that it encouraged them to behave well.
- 3.11 A small proportion of prisoners (19 or about 6%) were on a basic regime and nearly half of those were under 25. Many had been on basic before. Although they had a seven-day review, it was unusual for prisoners to come off the basic regime before the maximum 28-day period, and they sometimes remained on it for longer. The relevant paperwork was often incomplete or missing, and management oversight was weak.
- 3.12 The challenge, support and intervention plan (CSIP, see Glossary) process was well managed by the safety team. A CSIP referral was made after every incident, leading to 420 referrals and 76 open plans in the previous 12 months. They were discussed in detail at the well-attended weekly safety intervention meeting (SIM). Leaders had recognised the need to improve the quality of investigations and some training had been given to new staff, supporting recent improvements. However, too many still lacked enquiry and an understanding of specific causes.
- 3.13 There was little evidence of work to help change poor behaviour or address violence, and support for victims was limited. There was some mediation by staff, but it was informal and not well documented.

Adjudications

- 3.14 There had been 724 adjudications in the previous 12 months. Most charges concerned the possession of unauthorised articles or disobeying staff instructions.
- 3.15 Hearings were held in a clean, relaxed environment and interpretation was available. Leaders had worked hard to provide a fair, consistent, and efficient process, and the governor quality-assured a proportion of adjudications conducted by other managers. Hearings were often used to good effect to explore reasons for prisoners' conduct and the measures that could be taken to prevent or alleviate poor behaviour. Cellular confinement was regularly suspended for periods of up to six months to allow prisoners to demonstrate improved behaviour.
- 3.16 Despite this approach, too many adjudications were remanded. At the time of the inspection, 71 were outstanding and some dated back six months. Leaders had recently created an electronic database to track the status of adjudications to help improve process and timeliness.

Use of force

- 3.17 There was less use of force than at most other category C prisons, with 91 incidents recorded in the previous year, the vast majority spontaneous. There had been an increase in incidents during the past six months, but the low numbers meant that it was difficult to establish patterns.
- 3.18 The incidents we reviewed were managed effectively and dealt with quickly. Staff demonstrated strong communication skills and we saw some very good examples of de-escalation. About half of the incidents in the previous six months involved only lower-level interventions, such as guiding holds. There had been no use of PAVA incapacitant spray or batons in the last year.
- 3.19 Use of force paperwork was up to date and provided reasonable assurance that force was used proportionately. Oversight was also good; leaders had quickly identified one case of potential excessive force, which was addressed through investigation and police referral. The monthly use of force scrutiny meetings did not include review of camera footage of incidents, which missed potential learning opportunities.
- 3.20 Most staff carried body-worn video cameras and most incidents were recorded. However, responding officers did not always activate their cameras soon enough or at all. Leaders were aware of the issue and working to address it through staff bulletins, debriefs and meetings.

Segregation

- 3.21 The care and separation unit (CSU) contained six cells, including one 'special accommodation' (unfurnished) cell and one constant supervision cell (see paragraph 3.33). Special accommodation had

been used on only one occasion in the past 12 months, and for under three hours.

- 3.22 Segregated prisoners spoke positively about their interactions with staff, and it was clear that staff had good knowledge of individuals in their care. Televisions were provided to prisoners who demonstrated positive behaviour in their first 24 hours, which ameliorated some negative effects of segregation and encouraged compliance. Cells were generally clean and well maintained, apart from minor graffiti and some damaged Perspex windows. Two cells had recently been refurbished promptly following extensive prisoner damage.
- 3.23 A small group of complex prisoners had stayed repeatedly in the CSU for periods of up to 33 days, but most prisoners spent less time in the unit, averaging six days. Reintegration planning for longer stay prisoners was limited, and there was, for example, no psychological support (see paragraph 4.58). Prison offender managers (POMs) and key workers (see Glossary) did not visit prisoners or participate in reviews, but health provision in the CSU was good.
- 3.24 The basic CSU regime provided 45-60 minutes of daily access to open air, a telephone call (provided in cell) and a shower. In theory, prisoners could also have training sessions with gym staff in the exercise yard, but we saw no evidence that these had taken place. The CSU yard was clean, spacious and decorated with large murals, and also contained some exercise equipment. It could have been used much more effectively for activities and to provide social interaction.



CSU yard

Security

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

- 3.25 Security was managed proportionately and suitable action was taken in response to key threats. Security meetings were well attended, regular and well structured. A monthly security highlight report was shared with all staff.
- 3.26 There was a growing availability of drugs, mostly cannabis and psychoactive substances, although at 12.5%, the mandatory random drug testing positive rate remained low in comparison to similar prisons. The primary entry routes were through social and legal mail, items thrown over the fence and social visits. Leaders were taking appropriate steps to tackle the problem through, for example, more training of visits staff, enhanced supervision of movements and the photocopying of incoming mail.
- 3.27 There was a good flow of intelligence into the security department, which had received 3,575 intelligence reports in the previous year. Information came from a range of sources and was quickly analysed and acted upon. A large proportion of intelligence-led searches (approximately 60%) resulted in finds of illicit items, indicating good-quality information. Just under half of intelligence-based drug tests had

also produced a positive result, but a quarter of those requested had not been undertaken.

- 3.28 Three prisoners had been on closed visits in the last 12 months, all for justified reasons relating to drugs or inappropriate behaviour during visits. Managers reviewed their cases and any additional intelligence regularly.
- 3.29 The prison's links with the police were good and the police intelligence officer worked well with the security team. Work to tackle staff corruption was very good and prison leaders liaised effectively with the police when staff wrongdoing was suspected. This had yielded some encouraging results, but there was not enough random searching of staff to act as a deterrent.

Safeguarding

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

Suicide and self-harm prevention

- 3.30 There had been one self-inflicted death since Morton Hall opened as a prison, in July 2023. The Prisons and Probation Ombudsman investigation was ongoing, but an internal review had already identified several areas for improvement. These had been implemented and were subject to monitoring through the prison's consolidated action plan.
- 3.31 There had been 49 incidents of self-harm in the previous year, involving 18 prisoners, which was lower than the average for comparable prisons. None of the incidents had been serious.
- 3.32 At the time of the inspection, one prisoner was subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, and 60 ACCTs had been opened in the previous 12 months. Most of those we reviewed indicated a good level of daily interactions between staff and prisoners at risk, but there were weaknesses in case management, care plans, and identification of risks and triggers. Home Office staff communicated well with other departments to inform them in advance if they were giving a prisoner some unwelcome news about their immigration case.
- 3.33 Constant supervision had been used 14 times for six prisoners in the previous year. One constant supervision cell was still located in the segregation unit (see paragraph 3.21) and had been used four times, but only for prisoners in segregation for other reasons.

- 3.34 The Listener (see glossary) scheme had only recently restarted and was not used to its full potential. There were currently only seven Listeners in post and some prisoners reported difficulties in seeing them. The Listeners felt well supported by the Samaritans, who met them regularly. Although there were no Listener suites, Listeners confirmed that staff provided them with suitable private rooms for listening sessions.
- 3.35 The monthly safer prisons meeting maintained an oversight of data and trends, and the weekly SIM (see paragraph 3.12) monitored prisoners needing additional support. The prison had invested in delivering suicide and self-harm awareness training to almost all staff, as they recognised this as critical to support prisoners. The local safer custody policy itself, however, was weak and did not focus on the factors that caused self-harm.

Protection of adults at risk (see Glossary)

- 3.36 Arrangements to protect prisoners at risk of harm were weak. Although there was a policy, and the head of safety was designated as the adult safeguarding lead, very few staff (20%) had received training to help them identify risks. Some said they would refer safeguarding concerns to the safer prisons team or through the intelligence reporting system. However, staff were not always aware of the potential risks that some vulnerable prisoners might face, which limited their ability to spot concerns. Prison staff had, for example, failed to identify a confirmed victim of modern slavery until inspectors raised questions about his case.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Staff-prisoner relationships were very good and we saw many positive interactions that demonstrated staff concern and humanity. In our survey, 84% of prisoners said they were treated with respect by most staff, compared with 70% at similar prisons. Staff made particularly good use of an 'informal resolution log' to maintain a focus on dealing with daily issues that could otherwise cause ongoing frustration among prisoners. For example, the log showed staff resolving concerns with the PIN (personal identification number) phone system and reissuing lost documents.
- 4.2 Nearly every prisoner had a key worker (see Glossary) and in our survey 64% of those who had one said they found them helpful. However, those who spoke little or no English had a worse experience, and staff had not used professional interpreting in some cases where it was clearly needed. Our confidence in the quality and frequency of key work was affected by some formulaic recorded contacts and evidence of misrepresentation of the frequency of contact in the electronic case notes.
- 4.3 Staff had no specific training in the needs and concerns of foreign national prisoners. While they tended to know the prisoners on their units well, the system for easily identifying non-English speakers on the units had lapsed.
- 4.4 Around 40 prisoners were employed in peer support roles, but they were generally underoccupied. They often received no structured training or supervision, and spent much of their time as informal interpreters.

Daily life

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

Living conditions

- 4.5 Living conditions were generally good. The accommodation comprised two units with in-cell toilets and showers, and three units with spurs and more open accommodation and shared toilet and washing facilities. All cells had phones. There was no overcrowding and the cells we saw were well maintained and properly ventilated.
- 4.6 The spurred units had large windows with good natural light in the central hubs and open staff desks, which encouraged interaction with prisoners. The fabric of all buildings was in generally good repair, but the heating system on Johnson unit had previously leaked and damaged some cell floors. Association areas were also sparse and uncared for, and had a poor range of self-catering equipment (see paragraph 4.11). Despite good systems to report problems with living conditions, communal items such as washing machines and toasters were often broken.



Association room

- 4.7 Outside areas were attractive; leaders had given priority to maintaining the upkeep of large green open spaces, which were used for exercise and helped to support prisoners' sense of well-being.



Outside area

- 4.8 Prisoners had enough clean, suitable clothes, and access to property was well managed and timely. However, many prisoners were frustrated that some property permitted in their cells at other prisons was not allowed at Morton Hall. This was due to inconsistent interpretation of national rules and required clearer guidance to remove the confusion.

Residential services

- 4.9 In our survey, 57% of prisoners said the food at Morton Hall was good, compared with 41% at similar prisons. The menu was varied and the kitchen provided two hot meals a day, with reasonable portions. Prisoners could comment on the food at forums and in comment books, but few issues were fully resolved.
- 4.10 In theory, prisoners in the spurred units could eat together in the large dining hall for the evening meal if there were sufficient staff. However, this was not widely understood by either prisoners or staff, and we saw very few prisoners in the dining hall during the inspection, with most taking their meals back to their cells. Prisoners on the closed units currently had no opportunity to eat together.



Dining hall

- 4.11 Prisoners could do some limited cooking for themselves, but despite some spaces for self-catering and the potential benefits of cooking and eating together, the facilities were poor. The microwaves and sandwich toasters, and hobs on some units, were intended for limited domestic use and frequently broken. Complaints about poor self-catering facilities were raised in most unit consultation meetings, but with little resolution.
- 4.12 The prison shop, run by DHL, offered a range of products to meet the diverse needs of prisoners. However, the increased prices of popular and basic items, and missing or damaged products in the food orders, were common sources of frustration for prisoners. Delays in DHL's system for approving and processing refunds meant some prisoners had long waits for money to be returned to their accounts. Leaders had invited DHL to meet prisoner representatives and hear their frustrations, but this had not yet led to major improvements.

Prisoner consultation, applications and redress

- 4.13 The prison had received fewer complaints than at similar prisons and there was a good focus on resolution at the earliest opportunity (see paragraph 4.1). The 'enrichment' period also enabled prisoners to theoretically raise concerns and obtain information from relevant departments (see paragraph 5.3). However, despite this generally proactive approach to addressing issues, in our survey only a third of prisoners who had made complaints felt that they were usually dealt with fairly.
- 4.14 Prisoners could make complaints in their own language, but only two had been submitted in languages other than English in the past year.

Complaints forms in different languages were often held in staff offices, and the translation service was not well enough promoted.

- 4.15 Complaint responses were polite, showed a good level of investigation and generally focused on resolving the problem. The business hub had good systems for monitoring ongoing implementation of remedial actions.
- 4.16 The applications process was managed well. In our survey, 65% of prisoners who had made an application said they were dealt with fairly and 60% that they were usually dealt with within seven days, both higher than the comparators. The application process was well used and generally understood by prisoners, and leaders were seeking to make further improvement through more developed quality assurance processes.
- 4.17 There was a good focus on consultation with prisoners. The effective and well-attended prison council meetings had clear minutes that showed evidence of actions and follow-up. Unit meetings were also well established, and leaders had set up additional groups on specific areas, such as safety, food and the chaplaincy. There were also groups for those under 25, over 50, and those with no religious affiliation. In contrast to the prison council, minutes from other meetings did not always clearly identify when actions were taken, and issues resolved.
- 4.18 Many prisoners were concerned about their immigration status, but there were no community organisations providing legal advice or support. Prisoners could have legal visits twice a week in private, and appointments could be arranged promptly through the national booking service.
- 4.19 Prisoners could use a computer in the library to draft legal correspondence, and a peer supporter was available to help if required. The library stocked a basic range of legal texts, although only in English.

Fair treatment and inclusion

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

- 4.20 The individualised support that most prisoners received from staff meant that outcomes for diverse groups were also generally good. However, equality work lacked a cohesive vision, which had led to some gaps in provision.

- 4.21 Telephone interpreters had been called 971 times in the previous six months, which was more than usually see, but we found several cases where they were not used when clearly needed. Other prisoners had also been allowed to interpret for sensitive matters where accuracy was important, such as health care examinations and key work sessions. People with interpreting needs were not systematically identified at reception or on the electronic case notes system. Home Office documentation was not routinely translated into foreign languages.
- 4.22 The prison regularly collated and reviewed a range of relevant data to identify areas of disproportionality. Although young black adults made up 10% of the population, they regularly comprised about half of those on the basic level of the incentives scheme and about a quarter of those with proven adjudications. There had so far been little action in response to this, although there were plans for a new project to help young people improve their behaviour. The 'Star project' was due to include non-accredited interventions, life skills and educational courses and rewards, designed to engage and motivate young people and help them to mature.
- 4.23 There had been 46 discrimination incident reporting forms (DIRFs) submitted in the previous year. DIRFs were well investigated, responses were thorough and respectful, and they were subject to independent external scrutiny, as well as 10% quality assurance from the governor or deputy governor. However, responses had recently been slow and DIRFs were not freely available on the units in languages other than English; they were stored electronically and only printed off if requested.
- 4.24 There were few prisoners with an identified disability. The one adapted cell in the prison was sizeable with a large bathroom. On our night visit, staff knew of people who might need help in the event of an emergency evacuation, although personal and specific plans were not readily available.
- 4.25 Prisoner equality representatives were in place and it was positive that they had recently had an induction from the Zahid Mubarek Trust. They felt supported and able to raise issues and present feedback from their peers at the bimonthly diversity and inclusion action team meetings.
- 4.26 The equality manager was about to be joined by a newly appointed equality business administrator. Though there were leads for each protected characteristic at leadership level, activity within the specific strands was underdeveloped. For example, it was notable that the prison could not identify any LGBT prisoners in its population, yet in our survey, 4% of prisoners had identified as being gay, bisexual or other sexual orientation.

Faith and religion

- 4.27 Most prisoners had a declared religion, and many told us the chaplaincy was accessible and helpful. Despite the absence of a managing chaplain for a year, the full-time Muslim chaplain coordinated

a well-regarded and inclusive service with good pastoral care. The team was capable and resourceful, benefiting from the flexible approach of all chaplains to provide support across religions.

- 4.28 The multi-faith room was bright and clean, with a good adjoining washing space. In our survey, 89% of prisoners with a religion said they were able to attend services if they wanted to. Disabled prisoners also had good access to the multi-faith area and there was a loop for people with hearing difficulties.



Multi-faith room (temporarily furnished for Christian worship)

- 4.29 Chaplains visited prisoners registered as having 'no faith' monthly to offer support and to amend the faith registration of those whose faiths had been incorrectly recorded.

Health, well-being and social care

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

- 4.30 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.31 Nottinghamshire Healthcare NHS Foundation Trust (the Trust) provided most health services and subcontracted others, such as dentistry. Although the service was tendering for the contract, the team had not allowed that to destabilise clinics, so most outcomes for patient were very good. An up-to-date and relevant health needs assessment informed service provision.
- 4.32 In our survey, 70% of prisoners said the overall quality of health services was good, compared with 41% in similar prisons. Other than for dental waiting times, patients we spoke to were positive about the services.
- 4.33 The partnership between the prison, service commissioner and Trust was strong, as evidenced in a variety of performance and quality meeting minutes, and health services were well led.
- 4.34 There were sufficient staff with the right skills to meet patients' needs, other than in psychological care (see paragraph 4.58). Clinicians were up to date with mandatory training and received supervision. Co-location of all teams and daily multidisciplinary meetings enabled knowledge of patients to be shared, which informed integrated care. Patients were well served as health staff knew them, and nurses were available 24 hours a day.
- 4.35 There had been one serious incident in 2023, a death in custody that was still being investigated, but some learning from this event had taken place already (see paragraph 3.30). Learning from other parts of the Trust's offender health provision and from clinical audits was communicated to clinical staff.
- 4.36 Clinical records were securely stored on SystmOne (electronic clinical record) by all staff and used appropriately. Translation services were available in several locations in reception and the health centre.
- 4.37 The monthly Trust patient survey was under way at the time of inspection and a sample of results showed high satisfaction. Health care staff were present at the prisoner consultation forums where health issues were discussed.
- 4.38 The health centre was big enough to house regular clinics, provided they were carefully scheduled. The environment was cleaned to a high standard, with regular high infection control compliance audit ratings.
- 4.39 Clinical equipment was suitably tested and maintained. Automated external defibrillators (AEDs) were strategically placed in reception, health care and on the wings. Resuscitation kit was located in reception and health care. All kit and AEDs were subject to regular documented checking.
- 4.40 Concerns raised by patients, often relating to delayed receipt of repeat prescriptions, were dealt with appropriately face-to-face. There had been only one health care complaint in 2023, which had received a

prompt, polite and focused response, as well as one written compliment, which was fulsome about the service.

Promoting health and well-being

- 4.41 The Trust had a monthly timetable of health promotion events, evident in the health centre and on the wings. For example, the annual men's health event Movember was advertised as we visited. Although there was no prison strategy for men's well-being, the health care team worked with other prison departments in highlighting key national events, such as Black History Month.
- 4.42 There was active screening for common health issues, such as chlamydia, blood-borne viruses and diabetes, although some prisoners were reluctant to participate. An administrator ensured that all eligible men received national screening, such as bowel cancer and retinopathy.
- 4.43 Relevant self-care materials were available, such as testicular examination, and some messages and materials were displayed in foreign languages. Displays about routine and annual immunisations were clear, although uptake of vaccines was low; there was management action in hand to address this assertively.

Primary care and inpatient services

- 4.44 Patients received exemplary care from a highly skilled and well-supported workforce. The GP and nurse-led clinics were available Monday to Friday, with emergency nurse cover at night and over the weekend. Nurses ran triage clinics, reception and secondary health screens, as well as administering medication to patients at evenings and weekends.
- 4.45 Although there were vacancies in primary care, patients had good access to all services with most seen within two days. Staff described the service as stretched at times, but safe. Each nurse had a link role in which they specialised, and they spoke confidently about these.
- 4.46 Nursing staff screened new arrivals in a dedicated room in reception. The room was private and had handwashing facilities, and the door was kept closed during consultation for confidentiality. Prisoner applications for health care were triaged, and they were seen promptly by the relevant clinical professional.
- 4.47 Patients with a long-term condition were identified, reviews took place, and care plans were very well documented and specific to meet the needs of the individual.
- 4.48 An emergency responder was allocated to each shift, and they were responsible for attending all health care emergencies, to which responses were prompt.
- 4.49 There was a range of visiting practitioners and allied health care professionals, including physiotherapist, optician and podiatrists,

although waiting lists for the optician and physiotherapist were longer than in the community.

- 4.50 Patients who required an outpatient appointment or emergency visit to a local hospital were transported by prison officers. We found that monitoring of patients waiting for an appointment was poor, but immediate action was taken to address the problem when we raised it, with a new simple process initiated to rectify the situation.
- 4.51 Primary care nurses identified patients due for release or transfer and saw each one individually to prepare for their ongoing care. This included providing medication and a letter for their GP or information for the receiving prison.

Social care

- 4.52 The prison had an up-to-date signed memorandum of understanding (MoU) with Lincolnshire County Council (LCC) for the provision of social care. The MoU was underpinned by a clear information agreement and mature pathway for assessment. Strategic and operational working relationships were strong.
- 4.53 Most referrals for social care assessment originated from the safety intervention meeting (SIM, see paragraphs 3.12 and 3.35). SIM minutes were shared with LCC, which checked for potential clients who might benefit from self-care support or occupational therapy advice.
- 4.54 LCC was able to supply translation services and arrange independent advocacy advice as required. There had been three referrals for assessment in 2023, none of which resulted in adjustments or packages of care. LCC had preferred providers of social care, if this were necessary.
- 4.55 Because many foreign nationals had settled on the east coast of Lincolnshire, LCC had relevant experience of working with foreign embassies and social care agencies in other countries to enable continuity for those returning to their countries of origin.

Mental health

- 4.56 The integrated mental health team delivered care and treatment Monday to Friday and were supporting 64 patients at the time of the inspection. The team received around 14 referrals per month.
- 4.57 A newly appointed clinical matron was due to commence duties and interim arrangements were in place. A regional clinical nurse specialist and a clinical matron from HMP North Sea Camp were each providing one day a week support.
- 4.58 The mental health team had several vacancies and, as a result, there was no psychology provision. We found several cases where psychological treatment was indicated but the patient was unable to access any provision resulting in unmet need, which was poor. The

team was unable to deliver any groupwork or any training for prison officers.

- 4.59 The referral processes for identifying those with mental health needs on reception were robust. Urgent referrals were seen within 48 hours and non-urgent within five days. Referrals were triaged daily and prioritised by clinical need. There were weekly multidisciplinary team meetings to ensure oversight of referrals.
- 4.60 The team attended all initial assessment, care in custody and teamwork (ACCT) reviews and a mental health nurse attended the care and separation unit daily, which was good. Prison officers we spoke to were complimentary of the mental health team and knew how to refer prisoners about whom they had concerns. Segregation unit officers were very positive about the support from the mental health team.
- 4.61 Mental health staff worked collaboratively with substance misuse and primary care colleagues and attended the complex case meeting weekly.
- 4.62 Arrangements for patients managed under the care programme approach were unclear, but leaders were sighted on the need to make sure reviews took place. Similarly, although some patients were subject to physical health monitoring by primary care colleagues, there was no system to make sure this was consistent.
- 4.63 Patients who required a psychiatric review could see the consultant psychiatrist promptly, who attended the prison weekly and provided remote support to the team. Clinical notes we looked at showed that patients had care plans and risk assessments that were subject to regular review, but not to management oversight.
- 4.64 No patients had required transfer to hospital under the Mental Health Act in the last six months.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.65 The integrated substance misuse team provided clinical and psychosocial services. They worked collaboratively with the prison drug strategy, safety and resettlement teams to encourage recovery and rehabilitation, and participated in the monthly drug strategy meetings. No drug-free living accommodation was available.
- 4.66 Demand for clinical and psychosocial treatment was low with four patients in receipt of opiate substitution therapy and 13 receiving psychosocial support. All new arrivals were assessed at reception for addiction issues and onward referrals made to the team.
- 4.67 Good clinical support was provided to patients; treatment was patient-centred, evidence-based and flexible, with patients clearly involved in all decisions affecting their care. There were joint reviews with psychosocial practitioners at the necessary intervals.

- 4.68 Psychosocial support was delivered by a cohesive, motivated and skilled team who worked effectively with health and prison colleagues. A newly appointed clinical matron had just joined the team. Prisoners suspected of misusing substances and/or who had a positive mandatory drug testing result were seen and offered support, including harm minimisation advice.
- 4.69 Recovery plans were individually tailored and regularly reviewed with patients. Disappointingly, valuable groupwork had had to stop because of ongoing flooding in the group room; this needed resolution. Well-established peer support was facilitated, and a comprehensive peer mentor training package was about to be delivered.
- 4.70 Psychosocial practitioners had recently begun offering two sessions a week on the wings during the 'enrichment' period (see paragraph 5.3) to provide support, signposting and advice, which was promising. No mutual aid sessions, such as Alcoholics Anonymous or Narcotics Anonymous, were offered, but the new clinical matron had plans to introduce them.
- 4.71 Discharge planning included harm-reduction and relapse-prevention advice, and the team participated in pre-release boards. Appointments with community teams were made to continue treatment if necessary, and the team liaised with immigration removal centres if transfers of care were required. Patients were offered naloxone training (a drug to reverse the effects of opiate overdose) and supplies, if clinically indicated.

Medicines optimisation and pharmacy services

- 4.72 The Trust's pharmacy services were provided by three experienced pharmacy technicians who worked with up-to-date written procedures. The technicians were competent in their role and had a good understanding of patients' medication. However, their roles were limited to medicine administration and the review of in-possession medication risk assessments, which restricted their ability to do more, such as medicine use reviews. The senior pharmacy technician attended meetings such as the multidisciplinary medicines management meetings. Patients did not have access to a pharmacist, but a Trust pharmacist was planning to attend the pharmacy once a week.
- 4.73 Medicines were supplied by an external pharmacy provider against prescriptions emailed by the prison pharmacy team. The team ensured that repeat and urgent prescriptions were flagged to the supplier in good time. However, they reported regular delays in the supply of medicines and a lack of communication, for example to advise of out-of-stock medicines. This meant missing medicines were only identified after the delivery, resulting in urgent action to make sure the medication was available. The senior pharmacy technician had contacted the pharmacy to arrange a meeting, but with no response.

- 4.74 Medicines administration (apart from vaccines, which were administered by nurses) was well led by the pharmacy technicians, and the team responded to patients' queries about their medicines.
- 4.75 Prescribing and administration data for medicines were captured on SystmOne. Around 70% of patients had all or some of their medication as in possession for 28 days, with corresponding risk assessments. Several low-risk in-possession medicines were prescribed for seven days rather than 28, and the senior technician kept these under review for opportunities to change the supply to 28 days, which was appropriate. The technicians undertook regular in-possession reviews and random spot checks of medicines, with prison officers, to ensure compliance and reduce the risks associated with tradeable medicines. Prisoners had lockable facilities in their cells to store medicines. Although they were often broken, prisoners could lock their single cells.
- 4.76 Medicines administration took place from the pharmacy three times a day. Sometimes patients going to work experienced delays in receiving morning medicines, as the morning roll call prevented them from collecting them. We observed exemplary administration of medicines by the team, and supervision of waiting patients by prison officers.
- 4.77 There was out-of-hours provision for medicines such as antibiotics, which were kept in a dedicated cupboard, correctly labelled and a record kept of the medicines used. However, the record was not in a bound book, with the risk that pages could be removed. A minor ailments protocol and patient group directions enabled prisoners to receive medicines without a prescription from authorised health staff. Stock levels were regularly checked to make sure medication was available when needed. Drug safety alerts were responded to correctly.
- 4.78 Prisoners who received more than two boxes of paracetamol in a month were automatically referred to the GP to make sure that they had suitable medical attention for persistent pain. This good practice also minimised the risks associated with large amounts of paracetamol in circulation.
- 4.79 Medicines received from the external pharmacy were checked and stored appropriately in the pharmacy. Fridge and room temperatures were checked and recorded each day; a sample of records showed the readings were within the accepted range. The expiry dates on stock were frequently checked and medicines with a short expiry date were identified. Controlled drugs were managed appropriately, with suitable arrangements for transporting medication around the prison.
- 4.80 Adequate measures were taken to make sure patients had enough medication when attending court or being released. Limited support was available to help prisoners understand their medication. Dose times were printed on the label and the pharmacy team could access translation services as required.

Dental services and oral health

- 4.81 Time for Teeth was contracted to provide two dental sessions a week, although a few additional sessions had recently been commissioned to help reduce waiting times. Waiting times for routine appointments were around eight weeks, although some patients waited much longer.
- 4.82 The health care and dental teams triaged patients and offered pain relief for those waiting for an appointment, if required. The dentist provided appropriate advice on oral health care.
- 4.83 The care records we reviewed showed the treatment provided was well documented and that patients had been informed of possible treatment options. We also saw evidence where one patient who suffered from anxiety was supported by a mental health nurse to attend his dental appointment, which demonstrated individualised care. The use of X-rays and their clinical justification were documented and supported by recent audits.
- 4.84 The dental surgery was functional, although there was no separate decontamination area. The service outsourced sterilisation of tools, although it reported that the tools returned were sometimes not those sent away for cleaning; this was mostly not a problem. We noted that the chair and dental light required replacement, and the prison had arranged for quotes to be provided. All other equipment was in good working order and all routine servicing had taken place. There was an enhanced air purification system and infection control standards were met. The dental team currently shared emergency medicines with the health care team, which were located in the pharmacy.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Prisoners' time out of cell varied considerably according to their accommodation unit. On the spurred accommodation (see paragraph 4.5), prisoners were unlocked all the time, but 48% of the population lived on the other units (Windsor and Fry) where employed prisoners with a job were unlocked for just 6.5 hours on most weekdays and unemployed prisoners for three hours. In our roll checks during the working day, only 48% of prisoners were in purposeful activity, and over a third of those on the closed wings were locked up.
- 5.2 Every wing had an additional evening association period twice a week. Leaders planned to offer activities such as art, music, and employability skills training during association, but currently little structured activity was provided.
- 5.3 Prisoners could spend only 45 minutes in the open air daily and twice a week this coincided with an 'enrichment period', when staff from different departments visited the wings to answer prisoners' questions. These periods were a good initiative, but attendance by some departments, particularly the Home Office, was poor.
- 5.4 The library was a small but welcoming space with a good stock of books, films and music in a wide range of languages and from a variety of cultural backgrounds. Nearly all prisoners were library members, and in our survey 84% said they could visit the library weekly, which was much higher than the comparator of 46%. However, they could normally only spend 30 minutes in the library and there was no cover for the librarian, which resulted in no access if she were absent.
- 5.5 The librarian was active in encouraging prisoners to enjoy reading, using special displays to highlight books likely to appeal to under-represented groups, such as younger men. A book club met monthly, though numbers attending were small, and there was a 'Five-book challenge' competition. The Shannon Trust (see glossary) reading scheme was based in the library, but there were no reading champions, and links with the education department were too limited. A range of children's books were available to support the Storybook Dads scheme (enabling prisoners to record a story for their children), including some that were bilingual.

- 5.6 Gym sessions were very popular and access was very good. In our survey, 71% of prisoners said they could attend the gym at least twice a week, against the 40% comparator. There was a range of up-to-date exercise machines. Sport and games provision was limited pending repairs to an outside activity area, but a small all-weather outdoor football pitch was in regular use, and staff had started offering outdoor exercise circuit sessions at weekends.



Fitness room

- 5.7 Gym staff were well qualified and experienced. They offered a range of remedial PE sessions, including twice-weekly sessions for prisoners with substance misuse issues, health referrals and mental health issues. They had recently achieved accreditation to offer vocational PE courses up to level 3. They also offered a very popular non-accredited course that combined well-being exercise sessions with the study of Stoic philosophy, supported by good-quality teaching materials and a student handbook. Participants spoke highly of the positive impact of the course in helping them to manage negative emotions, reduce antisocial behaviour and improve their mental health.

Education, skills and work activities



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

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

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: good

Personal development: requires improvement

Leadership and management: requires improvement.

5.9 Leaders and managers provided sufficient full-time education, skills and work activity spaces for the entire prison population and only a small minority of prisoners were unemployed. However, many had wing-based jobs, such as cleaner or peer support worker, which often left them underoccupied. There were also not enough spaces for prisoners who wanted to study English for speakers of other languages (ESOL).

5.10 The curriculum that leaders had devised was not ambitious enough to fully meet prisoners' needs. It included useful vocational and work options, as well as ESOL, English and mathematics up to level 2, but there were very few opportunities to gain accredited qualifications in work. When vocational qualifications were offered, this was often only at level 1. Prisoners had very few opportunities to develop their information and communication technology skills and knowledge.

5.11 Leaders had undertaken research with a local university to obtain information about labour markets in countries to which prisoners were

deported. However, they did not use this information well enough to plan the curriculum. For example, they offered accredited training in construction, which was identified as an important employment sector, but there were no courses in key sectors such as vehicle maintenance.

- 5.12 Most prisoners attended induction soon after they arrived at the prison. Staff ran induction sessions with care and compassion, which helped them to have meaningful conversations with prisoners. They provided prisoners with useful information, advice and guidance about their education, skills and work options, and explored how these linked to their career goals.
- 5.13 Staff usually allocated prisoners to an activity quickly and considered their induction information as part of the allocation process. However, largely due to a limited curriculum, prisoners were too often allocated to activities that did not match well with their career aspirations.
- 5.14 Leaders did not make sure that all prisoners received consistently high-quality careers information, advice and guidance (CIAG). Prisoners received CIAG early in their time at the prison and agreed targets for their future careers. This included goals that related to employment in their home countries. However, staff did not set specific enough targets to meet prisoners' individual needs. In addition, they did not review these targets frequently enough with prisoners to help them continue to work towards their career goals.
- 5.15 Staff with responsibility for post-release employment had recently developed useful prison employment pathways, which gave prisoners a greater knowledge of how education, skills and work activities could help them work towards their future career goals. This initiative had only recently started, and had impacted positively on a small number of prisoners so far.
- 5.16 There were no opportunities for prisoners to undertake external work opportunities while still in custody through release on temporary licence (ROTL). Leaders were aware of this shortcoming and planned to develop ROTL opportunities.
- 5.17 Local prisoner pay rates were the same for almost all activities. This did not incentivise prisoners to study mathematics or English. However, leaders had increased pay rates to encourage all prisoners to participate in education, skills and work. This had contributed, over several months, to a major increase in the number of prisoners who attended their allocated activities.
- 5.18 People Plus provided a suitable range of education courses and vocational training for prisoners. Tutors were well qualified, and vocational tutors had significant industrial experience. In the majority of subjects, such as painting and decorating, art and mathematics, tutors planned courses logically. They helped prisoners to recap and recall topics they had previously studied, so that they remembered new knowledge and skills well.

- 5.19 However, in too many cases, tutors did not plan their individual curriculums well enough. Functional English and ESOL tutors did not use prisoners' starting points effectively to plan courses. As a result, in these subjects, prisoners often studied topics that they already knew well. When these tutors taught new material, they moved from topic to topic, and did not check sufficiently that prisoners understood challenging concepts.
- 5.20 Most prisoners who took education courses passed their final examinations successfully. However, the pass rates in functional English and mathematics at levels 1 and 2 were too low. Too many prisoners who studied ESOL passed their qualifications without developing substantial new English language skills and knowledge.
- 5.21 Leaders and managers had implemented the prison-wide reading strategy reasonably well. Staff used appropriate diagnostic tools to identify which prisoners were beginner readers. Specialist tutors from People Plus used prisoners' starting points to plan one-to-one reading interventions. Through these interventions, prisoners developed their ability to decode sounds, and subsequently whole words, well. Although non-readers new to the establishment benefited highly from this approach, there was minimal support for non-readers who had been at the prison for longer.
- 5.22 Across education, skills and work, the majority of tutors and instructors helped prisoners to develop their reading skills. They promoted reading for pleasure through 'reading corners'. They also discussed books with prisoners. Mathematics and art tutors did this particularly well.
- 5.23 During lessons and training, most tutors and instructors introduced new concepts effectively. For example, workshop instructors and mentors used well-planned demonstrations to teach new skills. In most cases, tutors and instructors also gave prisoners clear and direct feedback, so that they could make improvements to their work. However, in subjects such as English and ESOL, tutors did not provide prisoners with helpful enough feedback on their individual progress.
- 5.24 In many cases, vocational instructors did not plan ambitious enough courses. Prisoners who worked in the kitchen or bistro had too little opportunity to develop their practical cooking skills. Staff usually prepared the most challenging dishes, while prisoners completed repetitive and basic kitchen tasks. As a result, they did not develop enough new knowledge and skills. A minority of vocational tutors planned very ambitious courses. For example, prisoners who studied painting and decorating developed a wide array of new knowledge and skills, such as signwriting and marbling techniques.
- 5.25 Most tutors and instructors provided prisoners with support to develop their employability skills. For example, in English classes they focused on the importance of reading skills, so that prisoners could understand instructions at work.

- 5.26 Tutors and instructors did not focus consistently well on developing the subject-specific and technical language that prisoners needed to know. Instructors in the lobster-pot making workshop did not make sure that prisoners sufficiently understood the specific English terminology that would help them to complete their tasks. On some occasions, tutors used language that was too complex for prisoners with limited English language knowledge.
- 5.27 Specialist staff from People Plus completed appropriate in-depth assessments for prisoners with identified learning difficulties and/or disabilities (LDD). They used the results of assessments to complete useful support plans. As a result, prisoners received sufficient help from tutors and mentors in both classrooms and workshops. Staff reviewed support plans frequently to make sure that they continued to meet prisoners' needs.
- 5.28 Tutors in education made good use of the 'virtual campus' (internet access to community education, training and employment opportunities for prisoners) to plan teaching. They produced and shared teaching resources, and developed their knowledge of prisoners' LDD needs, via the virtual campus. However, prisoners had very limited direct access to this resource, for example to search for jobs.
- 5.29 In the majority of subjects, prisoners produced practical work that was of at least the expected standard. In the lobster-pot making workshop, prisoners worked to high industry standards, and in art prisoners used a variety of techniques to produce expressive artwork. However, in the kitchens and catering, prisoners only demonstrated basic cooking skills.
- 5.30 Prisoners had positive attitudes towards their learning and work activities. They participated constructively in classrooms and workshops, as well as on wings, and showed high levels of pride in both their written and practical work. As a result, learning and work environments were calm, safe and orderly places, where prisoners developed positive relationships with tutors and instructors. Prisoners arrived promptly for work and lessons, and very few refused to attend.
- 5.31 In both education and work activities, staff promoted the prison's community values well. They discussed the ways in which prisoners could demonstrate these values while in prison, such as through showing respect to other prisoners' backgrounds and cultures.
- 5.32 Prison and education staff also developed prisoners' knowledge of equality and diversity well. In art, for example, prisoners discussed Black History as part of their studies. Prisoners also benefited from opportunities to learn about and celebrate different religious festivals, such as Diwali and Vaisakhi.
- 5.33 Prison leaders conducted suitable activities to monitor and improve the quality of education, skills and work, giving them an accurate picture of the provision's strengths and areas for development. They had made a positive impact in some areas, such as in improving attendance.

However, in other areas, such as focusing on prisoners' employment goals, it was too early to judge the impact of recent actions.

- 5.34 Quality improvement activities did not focus closely enough on tutors' and instructors' developmental gaps. They did not, for example, support tutors and instructors to plan their courses and work activities to a consistently high standard.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 In our survey, half of prisoners said that staff encouraged them to keep in touch with their families, compared with 27% at similar prisons. All prisoners had reasonably good access to social visits, including on Saturdays and Sundays. Immigration detainees were appropriately allowed the most visits, up to three a week. Sessions were for two hours, which was longer than we usually see. Access for some visitors was limited because many lived a long way from the prison, which was in a rural area with little public transport.
- 6.2 The visitors' centre had a comfortable waiting area and a small children's play area. The visits hall was large and reasonably attractive, with a well-maintained children's play area. The visits hall was comfortable and attractively decorated, with an enclosed garden, a children's play area and a small café. The refreshments available were limited, but cooked food was being introduced. Prisoners and their visitors could sit outside if they wished.



Visits hall (top left), children's area (top right) and outside visits area

- 6.3 Lincolnshire Action Trust (LAT) provided good support to families, including meeting first-time visitors outside the prison to explain the visit arrangements and search procedures. They also supported children with disabilities or neurodivergent conditions well. For example, an autistic child who found the noise level in the visits hall distressing was provided with noise-cancelling headphones, enabling them to remain throughout their visit. LAT staff organised 12 popular and well-attended family days a year, which featured imaginative programmes of games and activities to encourage communication and family bonding.
- 6.4 Prisoners with more complex family concerns were offered help by a specialist LAT family support worker who could, for example, help them to contact family members in the UK or abroad, and who supported

prisoners and families through custody and children's court proceedings.

- 6.5 Prisoners could telephone their families from their cells, which they greatly appreciated. Calling charges were high compared with those in the community, but they were allowed a free five-minute call on arrival, and another every month if they did not receive a visit. They could also make one domestic video call per month, and 24% of prisoners responding to our survey said they had recently used this facility, compared with only 14% at similar prisons,. Prisoners who had no visits or family contact were referred to support organisations and a charity offering a befriending service.



Family engagement poster

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.6 Work to help prisoners reduce the risk of reoffending had developed too slowly and many were frustrated at having so few opportunities to progress through their sentence. There were no offending behaviour programmes (see paragraph 6.17) and no prisoners had been granted release on temporary licence (ROTL) or home detention curfew (HDC).

- 6.7 Until recently, staff had erroneously believed that foreign national prisoners of interest to the immigration authorities were automatically ineligible for open conditions. As a consequence, only two prisoners had moved to a category D prison in the previous year, and risk assessments were generally poor. Since the recent application of the correct criteria, seven prisoners had already been granted category D status and the overall quality of recategorisation reviews had improved markedly. Each prisoner approved for recategorisation had a recently reviewed OASys (offender assessment system) assessment.
- 6.8 Only 37% of those leaving the prison in the last year had left to travel directly to another country; the remainder were released or moved to another prison or an immigration removal centre. The Home Office team aimed to issue IS91 notifications, which authorise a person's administrative detention under immigration powers, at least 30 days before the prisoner's sentence release date. However, two-thirds of decisions did not meet this target, causing avoidable stress.
- 6.9 There was little evidence that reducing reoffending had been a strategic priority following Morton Hall's transition to become a prison. There were no specific goals or milestones in the generic and recently produced strategy, and an accompanying action plan was similarly vague. There had been no needs analysis of the population, and a prisoner survey that leaders had just circulated was of limited value without additional data.
- 6.10 The backlog in OASys assessments had been considerably reduced, but annual reviews were not routinely taking place, assessments were not always timely and the quality was variable. Those carried out by community offender managers (COMs) were analytical, but often focused on risks and personal objectives in the community with little thought to the prison context. Many of those done in the prison by uniformed prison-employed prison offender managers (POMs) were too descriptive, relying solely on the prisoner's account and missing key risk factors.
- 6.11 Despite probation staff being hard-pressed, their numbers were being reduced. Prison service POMs were routinely deployed to other duties, making their job more difficult, and they were aware that the training and supervision they had received to date had been insufficient. New managers, especially a temporary probation manager, had identified the issues clearly and started to make substantial improvement, already evident in the quality of work done and the morale of an otherwise motivated and mutually supportive team.
- 6.12 There was insufficient contact between the POM and the individual prisoner. The induction session often did not fall within the prisoner's first two weeks, and subsequent contact was often patchy. Records showed too little planning or structure in the sessions.
- 6.13 Most prisoners had an allocated key worker (see Glossary and paragraph 4.2), but although there were efforts to maintain regular contact, the frequency was too variable and further affected by

redeployment and night duty. We found gaps of up to three months with no recorded contact between key worker and prisoner. Although we saw good examples of in-depth sessions and encouraging sentence progression, these were outweighed by often repetitive and observational contacts with no evidence of feedback on the support offered. There was also a concerning lack of use of interpreting when it was needed.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.14 Public protection work was carried out thoroughly and with attention to detail. The monthly interdepartmental risk management meeting was well attended by staff from a wide range of departments, including senior managers from security, equality and family engagement. The meetings gave detailed attention to all the individuals posing the highest risks, especially as they approached release.
- 6.15 Monitoring of prisoner telephone calls and mail was carried out rigorously and promptly, with appropriate prioritisation.
- 6.16 Individual prisoners' multi-agency public protection arrangements (MAPPA) levels were rarely confirmed by COMs at the required time of six months before their release. The offender management unit (OMU) only escalated this requirement to community probation managers at the three months stage before release, increasing the risk of prisoners being released with no levels set.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.17 Prisoners required to complete an accredited offending behaviour programme could not do so at Morton Hall. No programmes were available and there were no psychology or programmes staff on site.
- 6.18 Staff were beginning to attempt some non-accredited interventions, especially with younger adults. For example, POMs had used materials from the 'Choices and Changes' programme (see Glossary) in one-to-one work, and there were plans for key workers to use similar materials in future. A locally designed four-week behaviour improvement programme, 'Star', was being planned for the same age group (see paragraph 4.22). Prisoners appreciated a programme combining Stoic philosophy and physical education as a contribution to their well-being (see paragraph 5.7).

- 6.19 Prisoners had no opportunities for ROTL to work in the community, and only two people had been released on HDC in the previous 12 months. In the HDC cases, good-quality OASys reviews had carefully examined risks in custody and the community, and had resulted in defensible decisions.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.20 Of the 470 prisoners who had left the prison in the previous 12 months, 18% had been released and 35% had been transferred to immigration removal centres. Around a third had been deported through the early removal scheme (which allows foreign national prisoners to be removed up to 365 days earlier than they would otherwise be released into the UK), but these removals were regularly delayed because the Home Office had been unable to process applications before prisoners' conditional release dates.
- 6.21 LAT staff (see glossary) met prisoners on their induction and assisted them with a range of immediate concerns, such as recovering property from the police and contacting external agencies. A resettlement plan was also written then, but this was largely pointless as we saw little or no use made of it during sentence.
- 6.22 Prisoners had irregular contact with their POMs, which meant they lacked information about their resettlement options. In many cases, COMs failed to respond to requests from POMs for release plans, leaving the prisoner uncertain about release conditions and accommodation. A few prisoners had been released homeless in the previous year.
- 6.23 Late decisions by the Home Office about prisoners' immigration status made release planning difficult. Prisoners often did not know whether they were to be deported, transferred to a detention centre or released on bail until just before their expected release date (see paragraph 6.8).
- 6.24 Prisoners could attend a multi-agency meeting 12 weeks before anticipated release, attended by Home Office staff and offender managers. The meeting reviewed actions needed across the resettlement pathways and what still needed to be done before release. However, the recently created resettlement team was not yet providing adequate support to address needs in areas such as parenting, money management, employment and housing.
- 6.25 There was some support for people resettling abroad, and managers were developing links with groups such as Barka UK, a charity that assisted prisoners being deported to Central and Eastern Europe with

accommodation and employment. Leaders planned to further develop links with agencies in these countries.

- 6.26 Arrangements for discharging prisoners on the day of release or transfer were reasonably good. Prisoners were treated respectfully, given information about their next stage, and supplied with clothing and footwear when needed.

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Alice Dawnay	Inspector
Martin Kettle	Inspector
Dawn Mauldon	Inspector
Steve Oliver-Watts	Inspector
Emma Roebuck	Inspector
Fiona Shearlaw	Inspector
Dionne Walker	Inspector
Alicia Grassom	Researcher
Alex Scragg	Researcher
Joe Simmonds	Researcher
Jasjeet Sohal	Researcher
Paul Tarbuck	Health and social care inspector
Shaun Thomson	Health and social care inspector
Bev Gray	Care Quality Commission inspector
Dave Everett	Ofsted inspector
Ian Frear	Ofsted inspector
Saher Nijabat	Ofsted inspector
Saul Pope	Ofsted inspector
Glenise Burrell	Ofsted inspector (shadowing)

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Choices and Changes

An HMPPS resource pack for key workers or prison offender managers to use in one-to-one sessions with young adults identified as having low psychosocial maturity. The pack aims to encourage engagement and help young adults develop their maturity.

IS91

Authority to detain notification.

Key worker scheme

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

Leader

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

Lincolnshire Action Trust (LAT)

Lincolnshire Action Trust is a charity that provides a range of interventions to help reduce reoffending and to support prisoners' families.

Listeners

Listeners are prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

The Shannon Trust

The Shannon Trust provides peer-mentored reading plan resources and training to prisons.

Social care package

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

Time out of cell

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

Appendix III Care Quality Commission Requirement Notice



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

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

Provider

Nottinghamshire Healthcare NHS Foundation Trust

Location ID

RHAW1

Regulated activities

Treatment of disease, disorder, or injury.
Diagnostic and screening procedures.

Action we have told the provider to take

This notice shows the regulation that was not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 (1)(2)(a and b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- (1) Care and treatment must be provided in a safe way for service users.
- (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
 - (a) assessing the risks to the health and safety of service users of receiving the care or treatment;
 - (b) doing all that is reasonably practicable to mitigate any such risks.

How the regulation was not being met

Management had failed to ensure the mental health needs of all patients were being met.

We found that some service users had unmet need because there was no psychology provision at HMP Morton Hall. From review of patient records we found evidence in that clinicians had highlighted the need for some patients to receive psychological therapy but there was no provision and therefore these patients had not received mental health support which they could have expected to receive in the community.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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