



HM INSPECTORATE OF PRISONS

HM PRISON DUMFRIES

INSPECTION: 3-4 MARCH 2004

LAST INSPECTION 16-19 MAY 1999



SCOTTISH EXECUTIVE

CONTENTS	PAGE(S)
1. INTRODUCTION	1
2. PREAMBLE	2-3
3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE	4-6
4. NEW DEVELOPMENTS	7-11

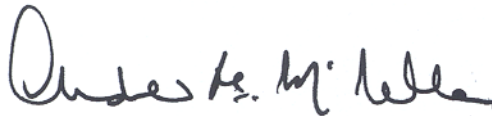
1. INTRODUCTION

1.1 The visit to HM Prison Dumfries was made as part of a programme to visit every prison each year in which a full inspection is not being made. In the course of such visits the purpose is to follow up points of note from previous inspections, to examine any significant changes, and to explore issues arising from the establishment's own assessment of itself. It should not be seen as an attempt to inspect the whole life of the establishment.

1.2 The Inspection Team comprised:

Andrew McLellan
Rod MacCowan
David Abernethy

HMCIP
HMDCIP
HMIP



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ANDREW R C McLELLAN
HM CHIEF INSPECTOR OF PRISONS

2. PREAMBLE

2.1 Since the last follow-up inspection all convicted male Young Offenders have been transferred from Dumfries to Polmont. Short-term adult prisoners from Barlinnie have taken up the places. The number of young offenders was only about 12% of the population at the time of the last report; nevertheless that report stated that “the change in population will undoubtedly provide a significant number of challenges for Dumfries”. This report shows that the challenges are there; but it does not show that the prison has been able to meet them all.

2.2 The Governor indicated at the beginning of the inspection that the increased and unprecedented amount of escort duty which accompanied the new prisoners from Barlinnie has made very heavy demands indeed on staffing arrangements. In addition, she and the representatives of the Prison Officers’ Association and the chairman of the Visiting Committee described “high levels” of staff sickness at Dumfries. Perhaps these factors lie behind the difficulty which the prison has had in meeting some of its challenges.

2.3 The prison’s self assessment indicated that there are now more prisoners with drug addiction issues than there were before the last inspection; yet there has not been progress with regard to addictions work. The self assessment also indicated that there is more need of healthcare; yet there has been almost no change in the healthcare provision. The last inspection report acknowledged the appointment of a mental health nurse; this nurse is no longer in post.

2.4 Dumfries, like every local prison, is facing rising prisoner numbers. The difficulty of dealing with more prisoners is greater when the staffing position outlined above causes problems; but the report again shows that the prison has not been able to meet some of the challenges of rising numbers. The availability of work places has not increased but has decreased since the last inspection; the provision for women prisoners to spend a useful day is also less than it was at the time of the last report. Progress had been made with the Female Unit at the last follow up inspection, but this progress had not been maintained during the year. Little progress had also been made in relation to meal-times at weekends, the ACT Strategy and the Addictions Strategy.

2.5 A follow-up inspection does not cover every part of the life of a prison: it concentrates on matters raised in previous reports or in the prison's own self assessment. In that context it is good to note that dental arrangements have improved, that the new Short Term Offenders Needs Assessment has been piloted at Dumfries, that the prison has recorded a 100% rate for assessment of prisoners needs, and that arrangements for pre-release and programmes were good.

2.6 There had been one escape since the last inspection (26 March 2003) and four serious (KPI) prisoner-on-prisoner assaults against a target of one. Additionally there had been a further incident leading to a prisoner being charged with murder. There had also been a fight involving around 60 prisoners the day before the inspection. These are serious incidents of violence.

2.7 Prisoners, prison staff and management and the Visiting Committee all agree that relationships between staff and prisoners are good: even a short follow-up inspection provided many observations that this seems to be the case. Dumfries prison must now build on this strength as it seeks to respond positively to the needs of its changing prisoner population. The introduction of the private escort system, which management and the Prison Officers' Association hope will have a considerable effect on staffing arrangements, may provide the opportunity to do this.

2.8 A full inspection of Dumfries will take place in December 2004. A number of issues highlighted in this report will be examined in more detail at that time. Specific areas will include the Listener Scheme, healthcare arrangements, opportunities for prisoners to work, throughcare and pre-release planning, the Addictions Strategy and levels of violence.

3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE OUTSTANDING FROM THE LAST INSPECTION OF 22-23 OCTOBER 2002

Recommendations

14.4 There should be a complete re-invigoration of the entire routine in the Female Unit, on the lines suggested (paragraph 5.20).

Not achieved. The regime for women is as limited as it was during the last inspection.

Points of Note

15.3 Consideration should be given to the creation of a Drugs Co-ordinator post (paragraph 4.18).

Since the last inspection the Drugs Co-ordinator post, which was full time, has now become an additional duty for a First Line Manager.

15.5 Current arrangements for mandatory and voluntary drug testing should be revised to make the procedure more effective (paragraph 4.23).

During the period April 2003 to February 2004, the prison consistently met its mandatory test figure, apart from May and November when only reception testing was carried out in line with SPS policy.

15.6 For MDT purposes, YOs, female prisoners and the local remand/convicted population should be dealt with separately with 10% of each group being selected each month for random tests (paragraph 4.23).

Given the change in the prisoner population, this is no longer an issue.

15.8 The basic drug awareness course should be included in the induction programme (paragraph 4.28).

Not achieved. The prison did not consider this to be a good use of resources.

15.10 The ACT Strategy Group should meet on a more frequent basis (paragraph 4.38).

A new structure had been put in place, and the ACT Strategy Group is now chaired by the Deputy Governor. However, after a promising start, meetings became less frequent. This has been addressed at the start of 2004. At the time of the last inspection an external audit of the ACT procedure had also been requested. This has not been carried out. Dumfries does not currently have a Listener Scheme. The Inspectorate will examine the ACT procedures in detail during the full inspection at the end of 2004.

15.13 As a matter of urgency an induction programme should be introduced for remands, convicted adults and female prisoners (paragraph 6.12).

Achieved. A comprehensive induction programme is now in place using the SPS Short Term Offender Needs Assessment (STONA). However, there are concerns over the consistency of delivery of induction.

15.15 There should be an evaluation of the level of the service that is required to be provided by the psychologist (paragraph 6.23).

Not achieved Psychology support still does not match need. This has resulted in little psychological input to the Mental Health Strategy.

15.20 All meals times should be in accordance with SPS Operating Standards (paragraph 7.3).

Not achieved. There is no provision for a snack between the evening meal and brunch at weekends.

15.23 Consideration should be given to ways of improving the provision of Discipline cover for the health centre (paragraph 8.21).

Partially achieved. A Discipline post covering the Health Centre is rostered. However, this officer is regularly redeployed if there is a particular demand for escorts or a staff absence elsewhere in the prison.

4. NEW DEVELOPMENTS

Health Care

4.1 As a result of the change in the prisoner population in Dumfries, nurses are spending much more time issuing medication, particularly methadone. During the last inspection five prisoners were receiving methadone. On this occasion there were 32. During the last inspection there were five prisoners on a detoxification programme. On this occasion there were 10.

4.2 Health care has been under significant pressure over the last year. Posts have been unfilled and maternity leave has impacted on cover arrangements. Mental health coverage has been particularly problematic. Although this inspection did not look in detail at the arrangements it was disappointing to note the lack of a mental health nurse despite the establishment's attempts to recruit and retain such a qualified individual; no multi-disciplinary mental health team; and no routine mental health assessments. These areas will be reported on more fully during the full inspection in December 2004.

Female Prisoners

4.3 There was an average of six prisoners located in the Female Unit at any one time in 2001-02. During the current inspection there were 11 (14 three weeks previously). They were locked in their cells for much of the day, with little by way of work available (mainly putting cereal into bags).

4.4 There was no published routine on display and no-one reported having received any form of induction. Recreation facilities are limited. The criteria for a prisoner being transferred to Cornton Vale was not known and prisoners said that transfers sometimes took place at short notice with no explanation given. The progress reported a year ago has not been maintained and the women felt that the only advantage to being in Dumfries was being close to their families.

Prisoner Employment

4.5 As a result of planned changes, there are currently 10% fewer workplaces in the prison than there were in 2002. Workshops are also regularly closed mainly due to escort demands or staff absence. The result of this situation is that a significant number of prisoners are spending long periods locked in their cells. Between November 2003 and February 2004, more than 50% of available work periods were lost. Local management could not provide clear timescales for when this situation would improve. The situation regarding work opportunities will be examined more closely in December.

Pre-Release Programme

4.6 Dumfries now liberates more prisoners than before. As a result, a pre-release programme has been designed. This is well thought out and comprehensive. It is a multi-agency approach and delivered in time to help the transition of prisoners from prison to community. It was designed and is delivered by local staff and a full assessment will be made during December's inspection.

Programmes

4.7 At the time of the last inspection the provision for programmes was extremely poor in terms of completions. A re-structuring has since taken place which has included the 'ring-fencing' of a programmes supervisor and two staff, and the situation is much improved. Dumfries has a target of 80 Approved Activity completions (in Relationships, Sensible Drinking and 21 hour Drug Awareness). At the time of this inspection there were 71 completions: this is a considerable improvement on the position last year. Additionally, it has been noted that the drop-out rate from programmes is lower with the current population than it was previously with the young adult population.

Throughcare

4.8 In the last report it was noted "it is likely that the response to drugs and the development of throughcare links to the community will be areas where considerable work will be required". Dumfries piloted the SPS STONA and uses it to link admission to pre-

release. However, there is a clear gap in this chain. While the initial gathering of information is carried out and a comprehensive pre-release programme is in place there is little tracking of individuals during their sentence. A plan was in place to have a weekly case conference to ensure that each individual was managed appropriately. Once again, the plan was not implemented due to difficulties over funding issues for agencies; agencies facing difficulty recruiting staff; and time being available for the meeting. Consequently, much of the throughcare work occurs at the pre-release stage. A Personal Officer Scheme might help manage this gap in provision, however Dumfries does not have such a scheme in place.

4.9 Currently, Induction has no formal connection to the Links Centre apart from the STONA and a local Links Form. Equally, Addictions does not have a formal link with Induction or with Programmes where the pre-release work happens. In terms of agencies coming into the prison, Jobcentreplus, Dumfries and Galloway Citizens Advice Service, Progress to Work, Career Scotland, and the Blood Borne Virus Service all attend the prison. However, Housing Services which were provided full time within the prison via the Rough Sleepers initiative have withdrawn from the prison following an apparent breakdown in relationships. Work is being done to re-engage with Housing Services. The Cranstoun Team is also based in the Links Centre.

4.10 While much is in place, there are concerns around how this area of the prison's work is managed, and in particular how it is monitored and evaluated. Those establishments which the Inspectorate has reported on which use a case conferencing approach to the management of prisoners may be a model. This is an area of work which will be examined in detail in December.

Suicide Prevention

4.11 Dumfries does not have a Listener Scheme, although this is being explored. Progress on this will be examined in December.

Anti-violence

4.12 There have been four serious prisoner-on-prisoner assaults against a KPI target of one since the last inspection. In addition, one week prior to the inspection an incident occurred

leading to a prisoner being charged with murder. On the day before the inspection there had been a serious incident on the exercise yard involving en masse fighting amongst prisoners. Against this background it was disappointing to note that the Anti-Bullying Strategy has stalled with no-one having responsibility for it. In addition Dumfries does not have an Anti-Violence Strategy. The prison should consider developing an Anti-Violence Strategy.

Induction

4.13 At the time of the last inspection Dumfries did not have an Induction programme in place. A programme is now running, based on ten modules and delivered by staff in ‘D’ hall to all convicted and untried admissions. Where prisoners have served a sentence at Dumfries within the last six months then only those modules which have changed require to be completed by them. Staff who will deal with the prisoners on a day-to-day basis in the remand and admission hall carry out the induction programme. This provides consistency and also allows prisoners the opportunity to raise issues on a daily basis. The disadvantage of this system is that it depends on a full staffing complement being available every day. This is not always the case and induction can take up to three weeks to complete. There is a good check list to ensure that prisoners have undertaken induction. Consideration should be given to providing a comprehensive induction programme for female prisoners.

Addictions

4.14 At the time of the last inspection the post of Drug Strategy Manager was full time. This has changed and the Drug Strategy Manager now carries out his drug duties in addition to a full time shift manager’s post. The impact of this has been that the Drug Strategy at Dumfries has at best stalled and in some areas has deteriorated. At the time of the last inspection it was the view of the prison that the changing population would “increase the demands on all the services dealing with drug issues”. Against this background it is disappointing that the services are not as well organised as they were a year ago.

4.15 A number of activities which were carried out by the Drug Strategy Manager (DSM) have been transferred to other Managers. The DSM no longer has a daily meeting with the Cranstoun Team Leader and the work of Cranstoun within the prison is not monitored. Despite this the DSM is still responsible for signing the Addiction Care Plans although this

can often take weeks rather than the five day target within the contract. Of even more concern is the fact that there does not appear to be day-to-day liaison with Cranstoun. The DSM no longer attends meetings with the various agencies with whom partnership had been developed and does not attend any of the Regional Alcohol and Drug Action Team subgroups which he previously attended. The prison indicated that the Head of Rehabilitation and Care attends the Treatment Subgroup and the Links Service Manager attends the Employability Subgroup. The DSM is still listed to attend the Young People's Subgroup but is unable to do so, and maintains contact through the telephone and email. There is a lack of clarity of responsibility in this whole area.

4.16 The local Drug Strategy Group has not met for some months although the monthly Drug Strategy Steering Group, chaired by the Governor, continues to meet.

4.17 The Substance Misuse Strategy for Dumfries has been re-written but, although completed in November, has still to be agreed. At the time of the inspection only the first 12 out of 87 pages had been agreed by the Steering Group. Of considerable concern was the fact that the Drug Referral Team no longer appears to function. The pilot programme, funded by Drug Initiative funds for one year providing naltrexone for volunteers prior to discharge has come to an end and the nurse funded by the initiative no longer works at Dumfries. Where previously, naltrexone was prescribed two weeks prior to release and then maintained in the community, the position now is that health centre staff do an assessment, but the naltrexone is not prescribed until the individual is in the community. Management of Mandatory Drug Testing has moved from drug strategy to operations. This appears to run contrary to the general direction observed in prisons to move away from viewing MDT in a punitive way.

4.18 All of these changes outlined above have had an impact on the delivery, management and monitoring of the addiction strategy within Dumfries, and the situation will be examined in detail in December.