HM INSPECTORATE OF PRISONS

Report on
HM Prison

Glenochil

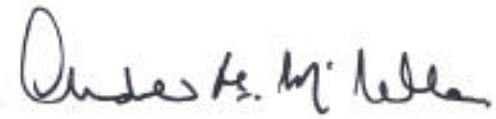
November 2003

SCOTTISH EXECUTIVE

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Glenochil between 8-16 September 2003.

Three recommendations and a number of other observations are made.



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1. PREAMBLE

1.1 The last full inspection of Glenochil took place in 1996. It is a different place today, for at least two reasons. The recent closure of the Young Offenders Institution brings all male young offenders to Polmont; and leaves room at Glenochil for the first stage of a major rebuilding programme. The building of the first new house-block will soon begin: it is expected that it will be completed in 2005. For the staff at Glenochil the closure of the Young Offenders Institution has meant changes: but the start of new building is very encouraging. In this report Glenochil is perceived as a prison with a strong element of control of prisoners by staff: prisoners, staff and management all indicated that this was a feature of the prison, and the observations of the report confirm it. There were suggestions from prisoners that the presence of a Young Offenders Institution as part of the establishment until recently had contributed to this characteristic element of control.

1.2 In 1996 Glenochil was also different because its earlier history was still a factor in the attitudes of prisoners and staff. The 1996 report refers to images which still linger from "the spate of suicides" which took place in the Detention Centre which was located in Glenochil in the 1980's; and the incidents which occurred in early 1994 in the adult prison. This report indicates that the prison has moved on from its history. A confident management team, a satisfactory anti-suicide strategy and anecdotal evidence from prisoners are all indications that Glenochil has successfully tackled this issue.

1.3 There is no overcrowding at Glenochil because the practice of the Scottish Prison Service has been to have no overcrowding in adult male long-term prisons. There is also considerably less prisoner movement in and out of the prison than in some prisons. The difference it makes to a prison where there is no overcrowding and escort demands are low in comparison with a local prison is very significant: this report points to the effects. There is full access to work and programmes, no shared accommodation, stable staffing arrangements and good work with prisoners with drugs problems. Yet it is disappointing to note that the Personal Officer Scheme is not well established.

1.4 There is much in the report which is encouraging. Physical education, the canteen arrangements, anti-drug intelligence, award-winning metal fabrication work, relationships with the local community and the administrative systems of management are all commended

in this report. Challenges remain, however. The daily build-up of filth in the exercise yards is dreadful, despite many attempts at a solution and despite daily cleaning; the role of education should be promoted more actively; and healthcare is clearly a major concern to prisoners although some of their concerns are not substantiated in the report.

1.5 The internal prisoner management system means that those who have worked their way through the prison to the 'local top end' find themselves in the Hall which has had the least structural improvement and with few additional privileges. This may be one of the outcomes of the determination of Glenochil to ensure that all prisoners are treated equitably and no group of prisoners has significant advantages over others; but it is not easy for prisoners who have been a long time in prison and who have fulfilled all their obligations not to feel disappointed that greater privileges are not available to them. Progression is also a problem out of Glenochil. The word "stagnating" was used by prisoners and staff alike to describe those who remain in Glenochil long after they might have expected to have progressed to open conditions as they approach the end of their long sentences. The Visiting Committee believes that this is the single matter most often discussed with them by prisoners. It is to be hoped that the Scottish Prison Service will examine its policy and practice carefully with a view to ensuring that proper progression through the system will provide the maximum possible preparation for release for long term prisoners. The preparation of these prisoners for release is important both for the sake of the public and for the sake of the prisoners themselves. It is not good for anyone that they should not be able to progress from Glenochil when they have reached the appropriate time in their sentence.

1.6 The prospect of a major building programme at Glenochil will bring its own difficulties, for prisoners have to be housed and looked after while the changes are taking place. But it is a real opportunity. Management and staff are enthusiastic about the new beginnings: The real test, however, will be to ensure that new buildings offer new opportunities for prisoners.

2. POPULATION, ACCOMMODATION AND ROUTINES

Population

2.1 All prisoners in Glenochil are male, over 21 and serving 4 years or more. Prisoners are, in the main, allocated from Edinburgh and Barlinnie. The prison plays an active part in managing prisoners who, for one reason or another, may present as having a particular issue or may be finding it difficult settling into the mainstream system. The Young Adults previously held in Glenochil were transferred to Polmont in February 2003. Since then the YOI accommodation has been mothballed. It was announced during this inspection that the old buildings are to be demolished to make way for a new houseblock with a proposed completion date of 2005.

Accommodation and Routines

2.2 Glenochil has four main residential Halls ('A', 'B', 'C' and 'D'). Each Hall has 124 cells on three levels. The three levels each have three sections. Each level can house a different category of prisoner. 'A' Hall comprises a drug free area and a life sentence prisoner unit, as well as housing mainstream prisoners. 'B' Hall has two levels known as the 'local top end' (both of which are drug free areas) and one level with non sex offender protection prisoners. 'C' Hall houses mainstream prisoners and also has a drug free area. 'D' Hall houses admission and induction prisoners as well as mainstream prisoners. It also has a drug free area on one of the levels. The Segregation Unit is known locally as 'E' Hall: prisoners are required to 'slop out' in this area.

2.3 Every prisoner in Glenochil is in a cell on his own. Almost all prisoners have access to night sanitation within their sections by the use of an electronic locking system. Sub-sections exist in 'A' and 'C' Halls with four cells that have integral sanitation. Showers have been plumbed into the night sanitation areas within the sections in 'B' Hall. Prisoners can access these during the periods that night sanitation is in use.

2.4 In general the accommodation at Glenochil is of a very high standard: the cells are spacious with large windows that let in lots of natural light.

2.5 'A', 'C' and 'D' Halls have had some investment to make them weatherproof. This consists mainly of external cladding. Unfortunately 'B' Hall has not had similar investment and there are signs that the cells in 'B' Hall are suffering as a result. There were two cells out of use during the inspection as a result of water ingress and this appears to be a problem that is spreading.

2.6 Prisoners located in Drug Free Areas (DFA's) are subject to certain conditions contained in a "Compact". Prisoners reported however, that regime differentials between DFA's and the mainstream parts of the prison are fairly insignificant.

2.7 A sub section of four cells in 'A' and 'C' Hall middle floors have had toilets fitted into the cells in a small cubicle. Prisoners in these cells have no access to night sanitation. The prisoners located in these cells said that they liked their accommodation and preferred to stay there rather than move to a cell with access to night sanitation. The original intention had been to use these cells under quite specific and defined circumstances, but this appears to have lapsed and the cells are used in much the same way as any other cells in the Halls.

2.8 The biggest problem which faces Glenochil in respect of accommodation is "litter" thrown out of the cell windows by prisoners. This litter includes large amounts of urine and excrement. It was reported, by staff and prisoners, that if you are in a cell or office on the ground floor, the smell from outside the buildings is so bad that even on the nicest of days the windows have to be kept closed. The prison has, on a regular basis, paid a contractor to steam clean the outside areas and take the litter away for disposal, but costs makes it impractical to undertake this on a regular basis. The prison provided examples of both punitive and incentivised approaches they had adopted to try and discourage this practice but it was apparent that it was as bad as ever: described as a "culture" endemic to the Glenochil prisoner population. When challenged on the reason why prisoners did this many said that it was no more than laziness. This is supported by the fact that of the almost 500 prisoners in the prison less than 5% (23 prisoners) were excluded from electronic access to night sanitation. **It is recommended that ways are found to stop the practice of throwing bodily waste out of the windows.**

2.9 The communal showers in 'C' Hall were also very dirty and there was fungus growing in the corners of some of the cubicles. It seemed that the showers were cleaned in a

very superficial way. This was witnessed on three different visits to the area during the inspection. There was also a damp problem on the ceiling of one communal ablutions area in 'C' Hall. This had led to electric wiring having to be re-routed. The Inspectorate was assured that it was safe.

2.10 Access to telephones in the accommodation areas in Glenochil is limited to one payphone on each level and one in the recreation area. Prisoners reported that at popular times the queues to use the telephones were very long and people regularly missed out. In the 2003 Prisoner Survey, only 35% of prisoners thought that access to telephones was satisfactory or better.

3. CUSTODY AND GOOD ORDER

Security and Safety

3.1 During the past 12 months there have been no escapes. The security audit carried out in June 2003 highlighted several areas where action was necessary. In response to the report Glenochil produced a security audit action plan. At the time of inspection all critical issues had been addressed. Contingency Plans are updated on a regular basis and are comprehensive and designed for the establishment. The control of drugs entering the prison is reflected by the low positive rate returned under the Mandatory Drug Testing Scheme.

3.2 During the past 12 months there had been two serious prisoner-on-prisoner assaults (against a KPI target of eight) and two serious assaults by prisoners on staff (against a KPI target of two). Within this period there had been 11 minor prisoner-on-prisoner assaults and 12 minor prisoner-on-staff assaults. There had been no deaths in custody during this period.

3.3 Prisoners complained about the practice of searching them at random on their return from work/activity. The complaint was that such searches were conducted in public. The Inspectorate observed random searches on an unannounced basis and concluded that the searches were conducted correctly.

3.4 Glenochil has an Anti-Bullying Strategy in place. The strategy has been well publicised to prisoners, visitors and staff and a range of information is displayed around the prison. There is also a direct-dial, confidential access answering machine, which allows prisoners to report any acts of bullying and intimidation. An anti-bullying strategy officer, who oversees the implementation and audits the results of this policy, has been appointed.

3.5 Prisoners raised no concerns about their personal safety within the prison.

Segregation Unit

3.6 The current Segregation Unit, ('E' Hall), is in need of refurbishment and redecoration. Only basic maintenance and cleaning is being carried out because SPS plan to construct a new Unit. At the time of inspection six prisoners were held within the unit, five of whom had

been transferred from other establishments for various reasons. All six prisoners were interviewed by the inspection team and all made comment about the internal appearance of the Unit and the poor conditions of the showers. They all stated that relationships with staff in the Unit were good.

Orderly Room

3.7 Three Orderly Room proceedings were observed. The proceedings were carried out appropriately and according to the SPS guidelines. Correct documentation, record keeping and adherence to recognised practice were evident.

3.8 The room used as an Orderly Room is the office in the Segregation Unit. The office is small and contains an "L" shaped desk. There is very little floor space. The adjudicating manager sits at the horizontal leg of the desk, the clerk sits to the right, and immediately to the left and right in front of the adjudicator sit two officers, both facing the prisoner. The prisoner entering the room is faced by these two officers and is escorted by the supervising officer. Given the size of the room this appears, and no doubt could be, intimidating. Unlike common practice in SPS, the officers face the prisoner throughout the proceedings rather than sitting behind him and outwith his vision.

3.9 Prisoners alleged that the Orderly Room was somewhere they went to be found guilty. To test this allegation, the proceedings of the previous two months were examined. Of 235 instances where an Orderly Room appearance reached a conclusion, only eight cases were dismissed. This figure appears low. Further analysis shows that of the Orderly Room appearances in this period, only 27 pleas of "not guilty" were entered and that of these, seven were dismissed (i.e. approximately 25% of those pleading not guilty were effectively found to be not guilty). Issues around the Orderly Room were discussed with local management. Local management should review the arrangements for, and operation of, the Orderly Room.

Prisoner Complaints Procedure

3.10 There were 1306 returns for prisoner complaints for the period May 2002 – March 2003. The figure for the period April 2003 – August 2003 was 462. The majority of complaints were listed under "others", e.g. not allowed play stations, price of items in the

canteen. Other areas complained about were property, award of supervision category, and food.

3.11 CP1 forms are issued in the Halls. The establishment operates a system of asking the prisoner what his complaint is to try and resolve the problem at the earliest stage. If the prisoner does not wish to discuss his problem the form is then issued. All other CP forms are issued without question.

3.12 The Internal Complaints Committee (ICC) is headed by a Unit Manager who is solely responsible for that task, with the rest of the panel being drawn across the multi-disciplinary field. Since April 2003 the ICC have heard 114 cases brought to them: 21 of these cases were upheld.

Night Duty

3.13 The establishment has a team of staff dedicated to carrying out patrols throughout the night. This has led to focused training and an increase in confidence and competence.

3.14 When a prisoner is required to leave the establishment under escort during the night, the night shift is reduced by three and although this happens very rarely it might be worthwhile having in place a backup contingency.

3.15 A member of the health centre staff is part of the night shift team. It appears that most of the nurse practitioner's time is taken up by administrative work during this period. Sometimes they may need to see a prisoner who presents with a medical problem but this is a fairly rare occurrence. The time taken covering a full time night shift nursing post is almost equivalent to two full time day shift posts.

Relationships

3.16 In general, relationships were relaxed, with first name terms being the norm. Prisoners were treated with decency and dignity. The 2003 Prisoner Survey also reports positive relationships: 90% of prisoners said that they get on OK, quite well or very well with Officers.

3.17 However, in discussions with groups and individual prisoners it was reported that some staff could be “petty” and that prisoners never got the benefit of the doubt over an issue. The prison has a culture of control, but the rationale for these levels of control is clearly to protect prisoners rather than to subjugate them. It creates a safe environment and in many ways makes life easier for those who want to do their sentence without fear of intimidation from other prisoners or exposure to drug related activities.

4. ADDICTIONS

Levels of Drug Use

4.1 The SPS Mandatory Drug Testing Policy requires that a random sample of 10% of the prisoner population is tested each month. In the year April 2002–March 2003, a total of 2,989 tests were carried out (of which 582 were random tests). Within that period, random mandatory drug testing indicated an underlying negative rate of 86%. This means that the KPI target of 85% of prisoners who are randomly tested will test negative for drug use was being met.

4.2 A summary of the number of tests carried out and the key results are shown in the two tables below.

Number of Tests Carried out

Samples	**Random**		**Suspicion**		**Risk Assess**		**Frequent**		**Reception**		**Voluntary**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
No. selected	614	20	110	4	31	1	0	0	0	0	2315	75	3070	100
Deselections	7	1	0	0	0	0	0	0	0	0	0	0	7	0
Refused	32	5	16	15	0	0	0	0	0	0	33	1	81	3
Tested	582	95	94	85	31	100	0	0	0	0	2282	99	2989	97
Negative	440	76	42	45	21	68	0	0	0	0	859	38	1362	46
Medical Pos.	59	10	5	5	3	10	0	0	0	0	965	42	1032	35
Positive	86	15	51	54	1	3	0	0	0	0	244	11	382	13
Results awaited	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**585**	**101**	**98**	**104**	**25**	**81**	**0**	**0**	**0**	**0**	**2068**	**91**	**2776**	**93**
Headline Pos.	79	14	51	54	1	3	0	0	0	0	234	10	365	12
Pos. discounted	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In-prison Pos.	79	14	51	54	1	3	0	0	0	0	234	10	365	12

Test Results

Test Results	**Random**		**Suspicion**		**Risk Assess**		**Frequent**		**Reception**		**Voluntary**		**Total**	
Non Medical	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Cannabis (1)	19	22	9	18	0	0	0	0	0	0	113	46	141	37
Benzodiazepines (2)	5	6	4	8	0	0	0	0	0	0	20	8	29	8
Opiates (3)	61	71	41	80	1	100	0	0	0	0	161	66	264	69
Methadone (4)	2	2	0	0	0	0	0	0	0	0	28	11	30	8
LSD (5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amphetamines (6)	0	0	1	2	0	0	0	0	0	0	4	2	5	1
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cocaine (8)	1	1	2	4	0	0	0	0	0	0	1	0	4	1
Temgesic (9)	11	13	2	4	0	0	0	0	0	0	12	5	25	7

(Total test results may differ from No. positive samples due to poly-drug abuse)

4.3 A number of observations can be made following analysis of test results. Random tests account for 20% of all tests; suspicion testing 4%; risk assessment 1%. The remaining 75% are voluntary tests. In the reporting year 81 individuals refused testing. Requests for suspicion tests are acted on as a priority. Frequent testing was not undertaken at all within the reporting year. The most common failure was for opiates, which accounted for 71% of failures under random testing and 80% of failures under suspicion testing. Cannabis accounted for 37% (141) test failures. Methadone failures were recorded in 30 tests. It was reported that injecting is not endemic within the establishment.

The Scale of the Problem

Detoxification

4.4 Prescribed detoxification is available within the establishment. A two-week reducing dose of lofexidine and zimovane is prescribed for detoxification from opiates. The same prescribed medication is given for three-weeks following detoxification from methadone.

Substitute Prescribing

4.5 Methadone prescribing is also available within the establishment. Thirty nine individuals were in receipt of prescribed methadone (some for maintenance and some for detoxification) at the time of the inspection.

4.6 Individuals receiving methadone who are transferred from other establishments have their prescription continued. Methadone prescribing will also be initiated within the establishment, with priority given to those individuals who are injecting, those with a co-morbidity and those in poor physical shape.

4.7 All individuals in receipt of a substitute prescription are allocated a key worker to undertake one-to-one support work.

4.8 The number of individuals currently prescribed is limited not due to the administration of methadone, but to the small number of staff able to conduct individual

support work. There is therefore a waiting list of individuals considered appropriate to commence methadone.

Mandatory Drug Testing

4.9 The Mandatory Drug Testing Unit is well organised, though small, and can hold two individuals awaiting testing at any one time. There were ample addiction related leaflets for prisoner use within the Unit. The establishment has two full-time MDT officers and another eight staff who are trained. The full-time staff work one weekend in four and testing is routinely carried out on these weekends. Consideration should be given to extending weekend testing as a challenge to illegal drug usage.

4.10 The recording and logging of information is of an extremely high standard and valuable information is available regarding drugs used.

4.11 All individuals who test positive are automatically referred to the Cranstoun Drug Services Caseworker for an addictions assessment.

Assessment and Treatment

4.12 A local addictions strategy has been in place since June 2001, which mirrors the SPS National Strategy, 'Partnership and Co-ordination, SPS Action on Drugs'. The local addictions strategy needs to be updated.

4.13 The Drug Strategy Co-ordinator has been in post since August 2003, and he also supervises the programmes team. Within the establishment a Substance Misuse Strategy Group (SMSG) is well established. This Senior Management Group meets approximately every three months to monitor and review strategy and allocate resources. A multi-disciplinary group – the Substance Misuse Referral Group (SMRG) meets on alternate Thursdays. The group discusses individual cases and recognises the need for individualised treatment plans.

Cranstoun Drug Services

4.14 Following the closure of the Young Offenders Institution, the Cranstoun Drug Services complement was reduced to one worker. All admissions are assessed by this worker and the case management file is updated. Presently 32 individuals are on the waiting list for assessment. Reviews of individual clients and one-to-one sessions are also conducted. Referral to transitional care partners is rare as the majority of clients are seen by Social Work staff and if addictions work is appropriate on release, this will be arranged through statutory addiction services.

Individual Counselling and Support

4.15 The establishment has one full-time addictions nurse who offers individual support to clients on prescribed medication. A part time nurse from Forth Valley Health Board sees individuals who have complex addiction needs.

4.16 The waiting list for clients to be seen on an individual basis was 60. The high quality of one-to-one counselling available to prisoners with complex addiction needs is an area of **good practice**.

Alcohol Services

4.17 One-to-one counselling is available for individuals who report a previous alcohol problem. Alcoholics Anonymous hold two meetings per week within the establishment.

Blood Borne Viruses

4.18 Two clinics per week are facilitated by a member of the general nursing team. The nurse offers confidential pre and post test counselling (a service which was previously offered by the Brownlee Centre, Gartnavel Hospital, Glasgow). Hepatitis B vaccinations are available.

Drug Free Accommodation

4.19 The establishment has five areas in four residential Halls that are deemed ‘drug free’. These areas offer approximately 210 drug free spaces. Individuals who are prescribed

methadone or those taking part in the Drug Relapse Prevention Programme are eligible for accommodation within these areas. In addition to Mandatory Drug Testing, individuals in these areas sign a "Compact" and agree to voluntary testing, (testing at least once every three months). Substance Misuse Liaison Officers are Groupwork trained and have delivered 'Drug & Alcohol Awareness' as part of induction programme. They are keen to support addictions staff with groupwork.

5. PRISONER MANAGEMENT

Processes

5.1 The Management at Glenochil deliberately do not operate a progression system within the prison in the belief that significant differences in levels of privileges in a long-term prisoner establishment cause greater perceptions of unfairness and injustice than that they act as incentives. Instead, each Hall houses a variety of prisoner groups as described in Chapter 2. This approach aims to avoid the creation of one Hall being seen to be the 'bottom' of the system where those who do not wish to co-operate or participate are gathered. Recent history at Glenochil suggests that this approach may have a positive influence on the level of incidents and violence within the prison.

5.2 The regime in the local top end is broadly similar to the rest of the prison. The main exceptions are that the prisoners have the opportunity to go swimming at HMYOI Polmont, have two extra visits per month and have access to a shower during the night. However, prisoners located there expressed their disappointment at the lack of what they described as "a genuine enhanced regime" for them.

5.3 In terms of progression from Glenochil, prisoners transfer to the Open Estate via Friarton Hall at HMP Perth or to national Top End Halls at HMPs Greenock (Chrisswell) or Edinburgh (Pentland). A new option is the 'local Top End' at HMP Shotts. Currently the prison has identified a bottleneck which limits the movement of prisoners to the Open Estate. The reasons for this should be examined.

5.4 At the time of inspection 25 prisoners were awaiting onward movement to HMP Friarton. Some of these have been waiting since April and the reasons for this should be examined.

Reception

5.5 With the closure of the Young Offenders Institution, the Reception at Glenochil now processes a smaller number of prisoners. These include prisoners being admitted to Glenochil, as well as those currently serving a sentence at Glenochil who are on escort to

Courts, Hospitals and other required locations. Admissions can be planned and are negotiated with sending prisons (primarily Barlinnie and Edinburgh), consequently staff know how many prisoners are arriving and when.

5.6 The area itself is a fairly drab, but clean, traditional Reception. It comprises a bare and functional waiting area where, at the time of inspection, no information was on display. The main Reception Area is a 'corridor-type' layout with a fixed Reception desk, a staff office, store rooms, toilet, shower and 28 Reception cubicles. With admissions generally planned for, the number of cubicles is well above what is now needed. There is no communal holding area for prisoners to wait while the reception process is taking place: consequently prisoners are held in cubicles.

5.7 Prisoners are called to the desk where they stand and answer a range of questions including suicidal feelings, the need for protection; and any difficulties they think they may face. This can be overheard by other prisoners and is not conducive to promoting confidentiality nor does it offer the individual much in the way of personal respect. The more common practice in other establishments is to use an office for such interviews. Immediate consideration needs to be given to providing a communal waiting area, and an interview area which provides a reasonable level of privacy and confidentiality.

5.8 Reception staff try hard to create a relaxed atmosphere, and make time to deal with individuals. Searching was unobtrusive and ample clean clothing was available for issue. No information was on display for non-English speakers, nor could any be located. This should be addressed.

5.9 On completion of the Reception process, admissions are taken to the Health Centre for interview by health staff. **This is an area of good practice.**

5.10 One immediately striking feature of the Reception is the display of football memorabilia behind the reception desk. This relates exclusively to the "Old Firm" and has potential Sectarian overtones. This display of football memorabilia should be removed.

Induction

5.11 Responsibility for Induction lies with 'D' Hall, where prisoners are normally allocated after Reception. Initially, admissions are given routine information about the prison and have urgent issues dealt with. Staff indicated that they assess how much of the induction process each individual needs as some prisoners are new to Glenochil; some may have served a sentence there in the past; some may be prisoners released on licence who have re-offended or had their licence revoked; and some may have transferred from Glenochil to open conditions and been returned. Prisoners report that in practice most admissions undertake the whole programme. Induction is run in the new Links Centre which is an imaginative and attractive area, converted from a large workshop. The area comprises offices, classrooms, sitting areas and the prison library.

5.12 Because Glenochil has some control over admissions, the Induction Programme can be planned. While it is not inflexible, the idea is to run the Programme in groups of ten.

5.13 The induction process is highly structured and comprises three separate one week elements. Week One provides information about what is available in Glenochil and is delivered by staff from the various areas and specialisms within the prison e.g. Social Work, Programmes, Healthcare, PT and Education Assessments. Social Work interviews take place during this week.

5.14 Week Two addresses 'Employability'. Among the elements are Health and Safety, First Aid, Food Hygiene and Manual Handling. This week aims to equip prisoners with the basic skills required to live and work in the prison. Prisoners are given certificates of achievement if they complete the modules successfully.

5.15 Week Three addresses Drug Awareness and is led by Lauder College. The week includes Awareness, Stress Management, and Thinking Skills. At the end of this week, prisoners are assessed for, and allocated to, their first work party.

5.16 The Induction Programme is impressive, as is the Links Centre. However, some more experienced prisoners indicated that the Programme was too long and boring for some. Those who were new to Glenochil or to imprisonment found it to be most useful. From

observation of the programme it did not appear to be either boring or over long, but it may be that not all prisoners need to do the full programme. The Induction Programme should be flexibly managed to ensure that it meets the individual needs of prisoners.

Sentence Management

5.17 The Sentence Management Scheme at Glenochil is well-served by a dedicated Sentence Management Centre. The Centre is well organised and has been appropriately resourced with workstations and storage space. Records are kept in clearly marked individual folders. The overall impression is one of organisation and efficiency. The Centre is an **example of good practice** in terms of design and resourcing.

5.18 Sentence Management is overseen by the Sentence Management Strategy Group. This Group also oversees the prison's Risk and Needs management. Up to 25 Sentence Management plans are reviewed monthly and while the majority are simply noted, some may be recommended for case conferences or referred for specialist action. The Group does not conduct an audit of the process however. This is something which they might consider in view of the backlogs which can occur. The Prisoner Supervision System reviews of security status are also carried out in tandem with the Sentence Management Scheme.

5.19 The process is carried out by Hall staff who carry out Risk and Needs Assessments, and Sentence Management as 'out of Hall' activities. Six additional officers have recently been trained in Risk and Needs Assessment. A maximum of four staff should be available on a daily basis although this is rarely achieved, usually due to staff shortages. While responsibility for Sentence Management, Throughcare and Induction lies with Hall-based First Line Managers, when there are staff shortages, there are competing pressures to keep staff in the Halls rather than release them to out of Hall duties. This is an ongoing tension.

5.20 Random samples of the files show that work is generally carried out to a reasonable standard and that target dates for action and review are in the main met. However, there is a backlog. Previously when there was a backlog, two staff were taken from their main duties for three months to address the problem. It was suggested that the backlog is caused by the number of prisoners who arrive with no initial assessments carried out at local prisons. They

are then allowed a three month settling in period after which the Sentence Management process is initiated. This can also delay these individual prisoners moving on to open prisons.

5.21 After assessments and action plans are completed, they go to the relevant personal officers to discuss with the individual, sign off and return to the Centre. Seventy Hall based personal officers have received training in Action Planning. In discussion with prisoners, and with individual members of staff, there is little positive reported about the contact with Personal Officers. Feedback was that the effectiveness of the Personal Officer Scheme is a "lottery" depending on the officer.

5.22 SPS has a Personal Officer Scheme in place; however, the Inspectorate is unable to identify an underlying policy or direction for this scheme which is universally understood and applied across SPS. The Inspectorate published ten reports in the last reporting year (2002-2003) plus two for this year. Ten of these refer to prisons where the Sentence Management Scheme is in place. In eight of these reports, criticisms of the operation and quality of the Scheme are made. In two of the reports, the operation of the Scheme is praised. In six of the Reports there are criticisms of aspects of the Personal Officer Scheme. **It is recommended that clear guidelines for the Personal Officer role be issued by SPS. It is also recommended that a review of the Sentence Management Scheme nationally is undertaken.**

Throughcare

5.23 As a Long Term prison, Glenochil does not have the volume of liberations which Local Prisons manage. However, there are between 6 and 12 liberations per month. Because of length of sentence, all prisoners at Glenochil will be released, though not necessarily from Glenochil, on some form of licence. Consequently there are Throughcare implications for all prisoners.

5.24 Prisoners will participate in the Parole Scheme. Even though a small number decline to participate, they will still be eligible for release on licence. Those previously released on licence but recalled will also be re-released on licence. All of these prisoners require an external Supervising Social Worker and a prison Social Worker. Some may be involved with

external Agencies on their own behalf or in connection with the family. All this requires a considerable Social Work commitment.

5.25 For prisoners being liberated from Glenochil, there are services available from Jobcentreplus, and the Housing and Benefits Agencies. Cranstoun Drug Services provides links with Transitional Agencies throughout Scotland, although no audit of uptake of interviews on release is carried out to test the effectiveness of this provision. The prison has run Pre-Release Courses for those being liberated, however due to numbers this is often provided on a one to one basis.

6. HEALTHCARE

Accommodation and Facilities

6.1 The Health Centre is a two storey stand alone building located near Reception but some distance from accommodation halls and workshops. The accommodation has recently been re-organised to provide the following.

Ground floor:-

- Two waiting rooms with WCs
- Treatment room; nurse's office/ day to day meeting/staff room
- Doctor's consulting room; Dental surgery (doubles for Chiropodist & Optician)
- Physiotherapy/consulting room; pharmacy storeroom; staff WC

First floor:-

- Mental health room/training room/staff meeting room (non-clinical ambience)
- Administration office with records storage
- Healthcare Manager's office
- Small room for staff with lockers, refrigerator and microwave
- The Act suite and an office for the Senior Psychologist

6.2 A satellite surgery, with waiting room and WC is located centrally between the Halls and the Workshops. A small multipurpose meeting/consulting room is located on each floor of each Hall (confidential and non clinical ambience). A small room for dispensing medicines is located in the dining area of each Hall.

6.3 In general, the accommodation and equipment provided is adequate and satisfactory. However, the level of cleanliness was poor in the toilets in the waiting rooms of the Health Centre and satellite surgery, and in the Act suite kitchen and cells. This was addressed during inspection. The absence of provision for hand washing and/or drying in the prisoners' toilets

should be addressed. The adjacent location of the "clean" and "dirty" sinks[1] in the Treatment Room and the doubling up the use of this "clean" room for purposes other than treatments give cause for concern in terms of hygiene/infection control.

6.4 The shared use of the Treatment Room when treating and/or consulting with patients does not afford confidentiality or privacy. The introduction of nurse triaging has increased the amount of nurse patient consultations and it is understood there has not been a parallel increase in dedicated accommodation for this.

6.5 The lack of privacy, especially at night, afforded by the clear glass in the window of the bathroom in the ACT suite should be addressed. So too should the lack of privacy in the Reception area for the first part of the ACT reception assessment by an officer. These, and the stark and unwelcoming nature of Reception, its waiting room and the waiting rooms in the Health Centre militate against the aim and purpose of ACT and the dignity of patients.

6.6 The décor and furnishings of the ground floor accommodation in the Health Centre have a worn look which is emphasised when compared to the refurbished first floor accommodation. There is no functional examination light in the Health Centre: at least one should be provided. The provision of accommodation for staff especially for breaks, clothes storage, and meals is limited.

Staffing

6.7 The staff employed to cover and manage the healthcare service work comprise one full time Healthcare Manager, two full time Clinical Supervisors, one full time pharmacy assistant, two part-time administrative assistants and 13 full time nurse practitioner (eight RGNs, four RMNs and one Health promotion).

6.8 One of the eight RGNs works full time on Addictions work, while the other seven provide 24 hour primary and community care cover. The RMNs provide a mental healthcare service and share emergency primary care cover for overnight and weekend evenings with

[1] A "clean" sink is one with non touch taps (operated by elbows) and special soap etc., for hand washing prior to clean procedures such as dressings. A "dirty" sink is one used for anything else, such as routine hand washing between consultations.

the RGNs. The RGN qualified Clinical Supervisor manages the day to day primary and community care work and the RMN qualified Clinical Supervisor oversees the management of the Mental Health Team.

Records

6.9 Each prisoner has a comprehensive SPS Healthcare Record. All healthcare, apart from dental care, is recorded in this. The dental care is recorded separately and the file included in the medical record when the prisoner is transferred or discharged. A review of a small sample of records showed that all appeared to satisfactorily and fully record the care and treatment provided. Confidential and secure medical records storage is provided by a lockable records storage cabinet in the Administration Office.

Reception

6.10 Immediate and ongoing healthcare needs are assessed in the Medical Centre immediately after Reception. The assessment is comprehensive, recognises age associated issues, and is based on both SPS and local documentation. It includes consultation and examination by a nurse followed by consultation with the doctor. Immediate healthcare needs are triaged and managed by the nurse, or if necessary referred to the doctor. Management of any ongoing healthcare problems is reviewed by the doctor, and for follow up patients are encouraged to attend the comprehensive range of nurse led clinics run by the service. If referral to secondary care is needed, it is arranged immediately. Special dietary needs, e.g. diabetic, are recorded and sent to catering staff. Prisoners are also encouraged to attend the nurse led health promotion clinics and services. Information about the healthcare services is normally provided in a leaflet given to prisoners. Unfortunately this leaflet has not been available for some time. A presentation is also given during induction.

Primary and Community Care

6.11 Comprehensive arrangements for primary and community healthcare services are in place. These arrangements for Medical, Nursing and Dental care; Pharmacy; Optician; Chiropody and Physiotherapy are at least equivalent to the services that would be available in the community.

Medical and Nursing Arrangements

6.12 The arrangements for patients to be seen by a nurse or doctor have recently been changed with the introduction of nurse triaging for all patient healthcare requests. Prisoners expressed concern about accessing healthcare services, particularly the doctor for non urgent problems, and medication treatment decisions. These concerns are addressed below.

6.13 Patients with non urgent problems are seen within 24 hours of making their request. The request system involves completion of a "Nurse Referral Form" available from a dispenser located centrally in each Hall which is posted in a dedicated box similarly located. The forms are collected once a day by nursing staff and reviewed by a Nurse who decides whether the patient should be seen. For those where other action is required, a note to this effect is made on the form and returned to the patient. Each day, all patients from each Hall are taken to the health centre, on a rota basis. Patients have a consultation and examination with a nurse. In the majority of cases the nurse manages the patient, with the remainder being managed in consultation with the doctor, or by referral to him.

6.14 The "Nurse Referral Form" combines requests to be seen for non urgent problems and for appointments for routine clinics. The form lacks clarity in terms of how to complete it. It is available in one format and one language and is the only means of requesting an appointment without involving a third party. As such it does not meet the communication needs of all potential patients in the prison. Consideration should be given to reviewing and improving the appointment request form system to ensure that all prisoners understand it.

6.15 All patients with urgent problems are seen the same day at an early morning Urgent Problems Clinic held by a nurse in the satellite surgery. A list of patients requesting to be seen is compiled by each Hall and telephoned through to the Health Centre. If they are unable to attend the clinic, patients are seen in the Hall by a nurse. At the clinic the patients are assessed by the nurse, following standardised documentation developed by the prison. The outcome of the assessment is noted in their medical records which accompany the nurse as is any further action. On enquiry, it was confirmed that "no-one sees the doctor without nurse triage unless the doctor has requested to see them". It was commented that in a small number of cases (e.g. if a patient is requesting to see the doctor for Interferon), the nurse would not triage.

6.16 For non urgent and urgent problems patients cannot routinely decide to see the doctor directly (which is different from NHS primary care). While nurse triaging is a recognised effective and efficient way to deliver services it should not mean the loss of the right of a patient to choose directly to see the doctor.

6.17 Patients with urgent health problems (not emergencies) out of hours are assessed in their Hall or in the Health Centre by a nurse. A doctor is available 24 hours a day for advice. Any medication can be initiated immediately, on direction from the doctor, through the same day dispensing service or from the stock of commonly used drugs in the pharmacy store.

6.18 In an emergency, day or night, the healthcare service staff are informed via a code blue and will immediately call NHS emergency services, if required, and attend the patient. Emergency Bags with resuscitation equipment, but no drugs, are held in the satellite surgery and the health centre treatment room. An oxygen cylinder is also available in the latter. A further two emergency bags, with general emergency drugs, and a "Chest Pain" Box with specific drugs, are held in the Pharmacy store in the Health Centre. Each Hall has a First Aid box and ACT to Care crash bags. The location and provision of Emergency Equipment Bags is not the most appropriate for the layout of the prison and this should be reviewed.

6.19 For patients with ongoing health problems there are eight nurse led review clinics covering diabetes; asthma; cardiovascular epilepsy; Blood Borne Diseases, Mental Health, and Dermatology. The clinics are held in the Health Centre and there are no significant waiting lists. If the request indicates an urgent need to be seen then this is met. Prisoners can also attend three health promotion clinics: Well Man; Smoking Cessation; and Vaccination. Again, these are held in the Health Centre and when there are sufficient number of requests to do so. Attendance at these is encouraged both on an individual basis and by posters throughout the prison.

6.20 All patients referred to the doctor are routinely seen with a nurse in attendance. Different reasons were given for this. It is not clear whether the patient's consent to the nurse presence, and agreement to the reason for it, is sought. The third party presence is not routine practice in the community.

6.21 All individual prescribing decisions are taken by a doctor. The doctor and pharmacist have recently carried out an audit of prescribing and prescribing patterns which resulted in changes to pre-existing regimes. The doctor reports that all prescribing decisions are based on best practice guidance and are made in line with ethical guidance that treatment options and decisions are explained and agreed with patients. However, during inspection the prisoners expressed concerns about not always being clear on the reason for medication decisions, especially changes to previous regimes. They felt unable to discuss these concerns with the doctor. This was especially, but not exclusively, in relation to pain medication. This concern should be addressed.

6.22 Patients are encouraged to take responsibility for their own health, including taking their medication. The majority of patients on medication (approximately 50% of the prison population), self medicate. This is subject to a "Declaration of Understanding" agreed and signed at the Reception Healthcare Assessment. There are comprehensive arrangements for weekly repeat dispensing for these patients. Patients who cannot or choose not to self medicate receive their medication, except Methadone, four times a day (breakfast time, lunchtime, 4 pm and 8 pm) from nurses at the dispensing area in the Hall canteen. Methadone is dispensed once daily in the satellite surgery by a nurse with the pharmacist assistant in attendance.

Pharmacy

6.23 Primary and community care pharmacy services are provided under an SPS national contract with Moss Pharmacy. This provides a dedicated pharmacist who attends one and a half days every other week; a full-time on-site pharmacist assistant; a same day dispensing service until 9 pm, and a 24 hour advice and drug identification helpline. The pharmacist has recently introduced a fortnightly clinic for patients to discuss their medication and associated issues. These local and central arrangements provide a comprehensive, efficient and effective pharmacy service.

6.24 In addition to the SPS Paracetamol and Gaviscon policies, a system has been very recently introduced for a limited list of 'over-the-counter' medicines to be available to prisoners to enable them to self treat, if they choose, minor aches and pains. The list was drawn up locally by the Healthcare Service in consultation with prisoner representatives.

While recognising its recent introduction, it is disappointing that none of the five prisoners interviewed in the health centre, all of whom were enthusiastic about the idea, were aware of this innovative new system.

6.25 The arrangements in the prison for storage, transport, and documenting controlled drugs are comprehensive. The controlled drugs stock is checked and documented every morning in line with best practice guidance.

Dental Care

6.26 A local dentist, with a dental assistant, attends two days per week and provides a full range of primary care services. The dentist will also attend outwith these hours for urgent problems. The dental service is provided under the NHS and is subject to local NHS review systems. It has been visited in the past year with a satisfactory outcome.

6.27 The system for requesting an appointment is completion of a specific request form (more detailed in design than that for medical problems) which is posted in the central administration area of the Halls/Workshop area. The forms are collected twice daily by Healthcare Service administration staff who review and prioritise them for appointments. The waiting time for an appointment ranges from being seen at the next surgery (urgent problems) to six weeks. The average wait is three weeks. A wait of six weeks is unusual.

Physiotherapist, Optician and Chiropodist

6.28 The community care physiotherapy, chiropody and optician services are provided by individual professionals under local contracts. The physiotherapist attends half a day per week, the chiropodist half a day per month, and the optician attends as required. The arrangements and system for patients and Hall staff being notified and attending for an appointment are the same as that for medical and nursing appointments.

6.29 Patients see the physiotherapist only on referral by a doctor or nurse. The physiotherapist books her own appointments and there is no waiting list. Patients are seen in a satisfactorily equipped physiotherapy room in the Health Centre. The system to request an appointment with the optician and chiropodist is the same as that for dental appointments.

For the optician the administrative assistant keeps track of the appointment requests in a diary and arranges for them to attend when the number of accumulated requests justifies this. Waiting times for an appointment vary. The optician provides his own equipment and patients are seen in the dental surgery in the Health Centre. For the chiropodist the administration staff book the appointments for the monthly clinic and there is no waiting list. Patients are seen in the dental surgery in the Health Centre. The chiropodist provides his own equipment.

Referral to Secondary Care

6.30 Patients requiring secondary (hospital) care other than in an emergency are generally transferred to hospital beds in Perth Prison. If care is needed for a short period of time and is of a type that Healthcare staff can provide, patients are cared for in the ACT suite. The Act suite, although convenient, is not designed for this use. Referral to secondary care for a second opinion, investigation or treatment is made by the doctor writing to the local NHS hospital services. The appointments staff of the hospital liaise closely with the administrative staff of the healthcare service to ensure appointment times are such as to enable the transport and security arrangements needed to make sure the prisoner patient can attend.

Mental Health

6.31 Prisoners' mental healthcare needs are well provided for. The prison continues to implement the ACT strategy both on Reception and during their stay. Provision for general mental healthcare reflects the prison's participation in a pilot of the SPS's Mental Health Strategy "Positive Mental Health". Both these provisions are aided by the Mental Health Team (one Clinical Supervisor and four Nurses, who are all RMN qualified) within the Healthcare Service. There is also a Multidisciplinary Mental Health Team in place. At the time of the visit the prison's Mental Health Service was providing care for 65 patients.

6.32 Healthcare staff and officers are fully aware, trained and involved in the screening and active management and review of prisoners at risk of self harm or suicide in line with ACT. An ACT group is in place and the healthcare service is represented on this by the Healthcare Manager and one of the mental health team nurses.

6.33 ACT procedures had been initiated on 50 occasions in the last 12 months. There had been no deaths in custody during the past 12 months.

6.34 Case conferences are undertaken by a multidisciplinary team which includes the RMN involved in the case, ACT co-ordinator, prisoner's personal officer, Act Unit manager, Social Worker, Chaplaincy, and prisoner's personal officer. This takes place within 24 hours of concern being raised and are repeated at the required intervals until the assessed risk ceases.

6.35 During inspection, prisoners expressed concerns about lack of privacy afforded by the telephones in the Halls for conversations with a Samaritan. One prisoner also described the arrival of a Listener to see a prisoner being announced over the communication system in the Hall. This lack of privacy for individual prisoners contacting the Listener Service should be helped by the introduction of the new telephone system, but in the meantime appropriate staff and management practice with regard to the Listeners should be reinforced.

Patient Feedback

6.36 In addition to the views sought in the 2003 Prisoner Survey, patients can also provide feedback via the recently set up Healthcare Staff/Prisoners Forum. This is held monthly and is attended by prisoner representatives from each hall; the Healthcare Service manager; the doctor; the pharmacist; and a clinical supervisor. This provides a regular opportunity for two way discussion and feedback about the Service, and is to be welcomed.

Summary

6.37 All of the staff issues previously highlighted by the Inspectorate (lack of continuity of doctors, nursing shortages and associated use of agency staff, and the doctor not being fully involved with the prison) have been resolved. The previously highlighted accommodation issues ("grubby" upstairs accommodation in the health centre, provision of accommodation for nurses nearer the Halls); and service issues (decrease in the number of health promotion prevention clinics) have also been resolved.

6.38 The Healthcare service provided is comprehensive and innovative and prisoners' concerns about access in general to healthcare services are not confirmed. There is evidence

to support prisoners' concerns about direct access to the doctor and medication treatment decisions. This finding and the issue of routine third party attendance at all doctor/patient consultations; as well as shared use of the Treatment Room give concern about levels of privacy, confidentiality, and choice. The poor levels of cleanliness in the Act suite and prisoners' toilets in the Healthcare accommodation are areas of concern. So too are the poor hygiene/infection control arrangements in the toilets in the ACT suite and in the Treatment room.

7. CARE AND OPPORTUNITIES

Education

7.1 Educational services are provided and administered by Lauder College within the prison's Learning Centre. The education manager had been in post for six months. She was supported by two full-time, and eight part-time members of staff. Current staff had a good range of experience in working with prisoners.

7.2 Accommodation for the Learning Centre comprises several small rooms and two larger teaching areas. One of the larger rooms serves as an art studio. The other is in the process of being developed as a computer suite. There is a small staffroom but no social area for prisoners to use during breaks. Two rooms had recently benefited from redecoration. Generally, furnishings and fittings were suitable but some required upgrading to help provide a more attractive learning environment. Staff made good use of the accommodation available but activities and learning approaches were limited by the restricted space. The Learning Centre can accommodate up to 38 participants in each session.

7.3 Overall, the Learning Centre had adequate resources to support the curriculum on offer. The range of hardware and software had recently been extended. The education manager had made a very good start to removing outdated books and materials. She hoped to secure funding to assist in the purchase of a more suitable range of resources to support new improvements to the curriculum.

7.4 The Centre offered a good range of courses, most of which led to national qualifications. The curriculum had an appropriate focus on developing core skills. The education manager had started to extend the range of courses provided, including those using multimedia. She was developing courses more relevant to prisoners' futures. Prisoners had opportunities to study communication skills, numeracy, information and communications technology (ICT) and art. There were further certificated courses in English language, mathematics, accounting, business studies and psychology. The Centre also offered special interest classes in Scottish history, geography, guitar playing and yoga.

7.5 The education manager introduced prisoners to the range of learning opportunities being offered in the Learning Centre through the prison's induction processes. Subsequent to this, approaches to keeping prisoners informed about possible courses of study were limited. Posters and leaflets were placed in Halls to advertise classes but this had little success in encouraging new participants to join classes. At the time of inspection, 29% of prisoners were participating in educational studies within the Learning Centre. No prisoners had access to full-time education as all prisoners had to take part in a work schedule. The prison had not yet implemented the SPS's new policy on prisoner pay awards. Prisoners involved in the engineering work programme were unable to access educational studies during the day. However, they could choose to attend educational activities in the evening. Some members of the teaching staff were giving of their own time to support segregated prisoners, and those on protection, with their studies. Management should implement the new SPS policy on prisoner pay awards as soon as possible.

7.6 Prisoners undergo a basic assessment on entry to Glenochil to help identify their learning needs. Prisoners with weaknesses in literacy and numeracy are given first priority for access to the Learning Centre. The education manager talks to prisoners informally during induction week to gain further information on their educational requirements. At this stage, Individualised Learning Plans (ILPs) are compiled. However, these are very brief notes of suggested studies prisoners might undertake. The ILP does not give details of the prisoner's strengths and interests, or his long-term educational goals. There is no part in the document to record the prisoner's achievements and progress in his chosen courses. Staff in the Learning Centre were knowledgeable about individuals' progress but there was little formal recording of it. The ILP is reviewed every six months but the information gathered is not clearly linked to sentence planning. The Personal Officer role was not providing an effective means to exchange information between Learning Centre staff and other contributors to prisoners' sentence plans. There were also weaknesses in communication between prisons on prisoners' previous educational achievements. The quality of prisoners' learning records accompanying them on transfer was variable.

7.7 The atmosphere in the Learning Centre was relaxed but purposeful. Prisoners were very positive about their learning experiences within the Centre. Staff used a variety of suitable approaches well matched to participants needs and their preferred styles of learning. They gave very good support to prisoners to promote their progress and to help build self-

esteem. Prisoners spoke confidently about their studies and achievements. However, there is no formal system to gather prisoners' views on the quality of education provided within the Learning Centre to help inform future plans for improvement.

7.8 Overall, the Learning Centre provides very positive educational opportunities for prisoners. Staff are highly committed to ensuring that prisoners are provided with useful and challenging programmes of study. However, due to the competing demands from other areas of prison learning activities, prisoners' time in the Learning Centre is not viewed as the first priority. There was a lack of effective procedures to fully include information on prisoners' educational progress in Sentence Management reviews and in following up reasons for non-attendance. The prison should continue to develop a more holistic approach to delivering the full range of prisoner learning activities and ensure that the role of formal education is valued and promoted more actively.

Library

7.9 The prison library is located within the newly opened Links Centre. Overall management was the responsibility of the prison officer in charge of the Links Centre. Two passmen were employed to carry out the day-to running of the facility.

7.10 Books were displayed attractively. However, the range and quantity of books was limited in both fiction and non-fiction titles. There was a need for a wider variety of books and authors. Some non-fiction books were outdated and should be replaced by more accurate texts. There were no large print books for prisoners with visual impairments. There were few books that catered for those with reading difficulties. Some audio book tapes were available. The library facility had three computers but the range of available software needed to be extended.

7.11 The library facility included a very attractive area for prisoners to browse and consult reference materials. However, they had very limited access to this facility. Only prisoners engaged in activities within the Links Centre had direct access to the library. Prisoners who wished to obtain books had to do so by choosing from a list from their cell. This poor access to library facilities was identified as an issue to be addressed in the last full inspection of the prison in 1996. The current system acts as a barrier to those prisoners with reading

difficulties and to those with limited knowledge of authors to develop reading for enjoyment. It also restricts reading for leisure and personal development for all prisoners. Management should improve its procedures for providing resources to meet the informational, cultural, educational and recreational needs of the prison community.

Employability and Employment

7.12 Almost all prisoners considered fit for work had opportunities to do so. The main worksheds provided employment in:

- Catering
- Laundry
- Timber Assembly (field gates and garden sheds)
- Craft Work
- Metal Fabrication (assembly of Post Office trolleys)
- Glass Reinforced Plastics (building small sailing craft)
- Grounds and Gardens
- General Purpose
- Passmen

7.13 Further work programmes offered vocational qualifications in:

- Hairdressing
- Painting and Decorating
- Industrial Cleaning

7.14 Some prisoners felt that the majority of work parties afforded them little challenge and few opportunities to gain useful skills. Staff too had identified the need to increase the range of meaningful work. There were limited pathways for prisoners to progress through work programmes and a lack of appropriate opportunities for prisoners nearing the end of their sentences. Management should review current work programmes to ensure that they are relevant to prisoners' future employment prospects.

7.15 Prisoners were able to experience various work parties during their induction period. Thereafter, they applied formally for positions. Their suitability for positions was related to their previous experience and application during the induction period. The prison had good procedures for assessing prisoners' employability. An initial assessment was carried out which provided helpful information on prisoners' work history, their strengths and areas to be developed. A prisoner's progress in work was noted weekly and recorded formally every six months. Prisoners were involved in evaluating their own achievements. Staff took account of the information in sentence planning.

7.16 The Links Centre provided very attractive accommodation in which to promote prisoners' employability skills. There were five small well-equipped rooms which staff used to deliver courses. The Centre also had interview rooms and comfortable open areas which served as break areas for prisoners. Staff also used the facilities to provide classes on health promotion, workshop training and physical education theory.

7.17 A new Unit manager had been appointed to oversee Employability and Education. He was working with the managers of the Learning and Links Centre to develop and implement courses to enhance prisoners' work skills. Staff from the Learning Centre were involved in delivering programmes to build prisoners' confidence and to encourage positive attitudes to work. These courses formed part of the induction programme. The managers were committed to improving links between the two Centres and to achieving a more integrated approach to prisoners' learning activities.

Visits

7.18 Glenochil has visit sessions in the afternoons and evenings during the week and mornings and afternoons at the weekend. There is a sessional system in place which allocates different times for appellants visits, ordinary family visits and special family visits. Closed visits take place in a separate part of the prison. Staffing levels dictate that some closed sessions take place at the same time as other types of visit.

7.19 The process of booking visits was well organised, although there appeared to be a difficulty in persuading individuals to take visits up to the maximum number of places available. There were also problems ensuring that those individuals who booked a visit

actually turned up, particularly at peak times. A number of initiatives have been introduced to increase take up, but the problem remains.

7.20 Statistics for January 2003 – July 2003 showed that 62% of spaces available were booked and of those booked only 72% were taken. In total, only 45% of the spaces available became actual visits. Some further thought should be given to how Glenochil might make best use of the spaces available.

7.22 In the 2003 Prisoners Survey, prisoners said they were broadly satisfied with the length of visits and facilities for children and disabled visitors. During inspection, information leaflets for visitors were available in the visit room. The leaflets contained important information in a user-friendly format. Unfortunately some of the information contained in the leaflets was out of date and the Inspectorate was informed that the prison was waiting for new ones to be printed.

7.23 The Prisoner Survey also revealed strong criticism of the levels of privacy. The atmosphere in the visits room was described as very tense; fairly tense or neither relaxed nor tense by 67% of those who responded. During inspection, some prisoners reported that supervision in visits was excessive. They said that this was intimidating for them and their visitors and did not lead to good quality family contact. Visitors were far less critical of staff supervision than prisoners. They were also positive about how friendly and helpful most officers were.

7.24 The biggest inhibitor to good quality visits in Glenochil is the size of the visit room. It contains 20 tables, each seating four people, accommodating the prisoner and three visitors. There is very little space between tables and around the perimeter of the room to allow staff to supervise without appearing intrusive. Even when the visit room is only half full it is difficult for people to have a private conversation. Ways of addressing this should be considered.

7.25 A major problem for visitors was getting to and from the prison, particularly those who use public transport. Many have to take small children out of school early to get to the prison on time for an evening visit and they have to walk the two miles from Tullibody to the prison, sometimes in the dark, and in all kinds of weather.

Physical Education

7.26 The PE department has a very high profile within the prison, in the rest of the SPS and in the local community. Its activities receive extensive coverage in SPS literature and the local media. This helps to create a very positive impression of what is undertaken by staff and prisoners. It has also helped to raise a significant sum of money for a variety of good causes.

7.27 The department meets all of the relevant SPS Operating Standards (2.19 to 2.23). The timetable attempts to deliver a service that meets the educational and recreational needs of most prisoners.

7.28 Facilities consist of a large gymnasium with a team sports area. A section is curtained off and consists of free standing weights and exercise machines, a cardiovascular studio, an Astroturf five-a-side football pitch and a grass sports field. There are two changing rooms with communal showers adjacent to the gymnasium and staff office.

7.29 Recently, part of the gym floor was used to extend the space available for weight training. This enables a greater number of prisoners to take part in the more popular activity of weight training. As a result of the recent changes to the gym and adjustments to the staff attendance pattern the number of prisoners using the gym has increased significantly. A business case has also been submitted to upgrade the floor of the gymnasium.

7.30 The changing rooms and showers have not received the same level of attention that the rest of the facilities have. Consequently they appear drab and in need of decoration.

7.31 The PE department takes part in the induction of all prisoners. A basic fitness assessment is undertaken and prisoners get the opportunity to see and learn how to use the gym facilities. The PE department uses a membership card system to control prisoners' access to the gym facilities. The system logs people in and records their hours of attendance. This ensures that prisoners are inducted to be competent in the use of equipment, and that their attendance is registered and there is fair access.

7.32 To be eligible for PE, prisoners must also attend work. This helps integrate PE into the general regime of the prison and encourages prisoners to participate in constructive activities. Prisoners must also sign a 'Compact' in which they make a commitment to behave appropriately and safely when involved in PE. Prisoners who breach the conditions of this Compact can be denied access for a period of time.

7.33 PE staff are responsible for delivering a variety of certificated work for prisoners. These include Manual Handling, Heartstart, Emergency First Aid, Community Sports Leader Awards, and SFA Football Referee Awards. In total, PE contributed 1750 prisoner learning hours to the education KPI target. The increase in activity and improvements to facilities in the last few months are very noticeable.

Psychology

7.34 The Psychology Unit comprises one Senior, one Project Team Leader (40% Glenochil), two Psychologists (one of whom is 30% Glenochil), and one Technician (50% Glenochil). Fifty per cent of the work is locally based, with the other half dedicated to national projects. There have been problems in the past associated with staff continuity, although the situation has improved in the past 18 months.

7.35 The team is located in two different parts of the prison: the Senior Psychologist in the Health Centre, the remainder of the team in the (now otherwise empty) YOI. This did not appear to cause any particular problems in terms of delivery of work, and was due to be addressed in any case by a proposed move to the former YOI workshops.

7.36 The team was involved in five main areas of work:

- Support for Sentence Management
- Programmes
- Risk Management
- Mental Health
- Local Priorities

7.37 They were also involved in a number of different meetings, ensuring that they were well integrated into the wider prison issues and well supported by Management.

Social Work

7.38 The Social Work team comprises one Team Leader, six Social Workers and two Administrative Assistants. Facilities were good and the Unit was conveniently located for the Halls. All prisoners were seen in the Halls and access to interviewing facilities was not seen to be a problem.

7.39 The Social Work Team had good relations with others in the prison and this was enhanced by the practice of allocating a Social Worker to a particular Hall (while still retaining specialisms), with two operating on a "floating" basis. The team also reported having good links with community based colleagues and a minimum of six days training a year was available for each member of the team. They were also encouraged to keep skills levels high by attending academic events and visiting other prisons.

7.40 The requirement to carry out statutory work formed the basis of the Unit's work, with uniformed officers undertaking welfare work. While statutory work was the priority, individuals were also able to carry out other work if required. A good example of this was seen in current plans for one of the team to introduce a new methadone groupwork programme. The team was also involved in a wide range of groups within the prison, demonstrating that they were well integrated and aware of wider issues. Overall, the team continues to be focused in its delivery to prisoners.

Programmes

7.41 The programmes team consists of eight officers supervised by the Drug Strategy Co-ordinator. Four accredited programmes are offered and the establishment meets Key Performance Indicators (KPIs) for completions.

Accredited Programmes on offer are: -

	KPI	Completions to August 2003
• Cognitive Skills	72	42
• Problem Solving	30	12

•	Anger Management	6	0
•	Drug Relapse Prevention Programme	12	8

Other Programmes on offer are:-

•	Sleep and Anxiety	20 hour programme. Run as an approved activity in afternoons of last Drug Relapse Prevention programme. Eight completions to August 2003.
•	Guide to Sensible Drinking	21 hour approved activity. Has been run twice already this year. Nineteen completions to August 2003.
•	START Programme	Developed for individuals who are not coping well, appropriate for vulnerable prisoners. Has been delivered this year with 9 completions.

7.42 The Programme Unit provides a purposeful and energetic response to risk and needs. A dedicated area has been developed for programmes which is of high quality and well suited and equipped for programme delivery.

Chaplaincy

7.43 The Chaplaincy Team at Glenochil are all part-time and provide the Chaplaincy Service while carrying out Parish and other duties. Due to these other responsibilities Chaplains cannot always attend at the prison at the times most convenient to the needs of the prison. There is no Roman Catholic Priest on the team which means that a full Mass is not available weekly as is the norm in SPS. The Chaplaincy Team understood the hours of Chaplaincy time to be 44 hours per week. SPS indicated that the figure is 60 hours. This confusion needs to be cleared up.

7.44 The team is committed to working on an Ecumenical basis to provide for the needs of prisoners, families and staff. Worship for Reformed and Roman Catholic Prisoners is provided weekly, however all Chaplains have external responsibilities and cannot provide regular attendance. Chaplains see all prisoners during Induction or as soon as possible thereafter. The Chaplaincy Team facilitates provision for non-Christian faiths, and currently

both Muslim and Buddhist faiths are provided for. Additionally the team facilitates pastoral contact by visiting ministers and priests.

7.45 The team is less happy about their ability to provide for individual needs and particularly the needs of both vulnerable and protection prisoners. The current system where prisoners on protection cannot attend joint worship should be reviewed.

7.46 The team feels that the needs of Glenochil would be better met by the appointment of a full-time Chaplain with part–time support. This would allow participation in a wider multi-disciplinary role. The appointment of a Roman Catholic Priest was seen as a priority. A priority was also the clarifying of individual contracts which has been an ongoing concern. Despite these issues, the team felt they were well supported by management and felt that their relationship with both staff and prisoners was positive.

Life Sentence Prisoners

7.47 At the time of inspection the establishment held 60 prisoners serving life sentences, with another two being held on recall to a life sentence after initial release. The Lifer Liaison Officer attempted to interview all life sentence prisoners at least once a year but in practice priority was placed on those prisoners who were several years into their sentence and progressing to onward movement from the establishment. There have been six lifer tribunals held at the establishment since January 2003.

Parole Unit

7.48 The Parole Unit is based in a dedicated office in "B" Hall and co-ordinates reports and parole issues across the prison. Six officers were involved with the Unit (in addition to their other duties). An average of 130-140 reports were carried out each year and examination of a sample showed that they were completed on time and to a high standard.

Race Relations

7.49 A Race Relations Officer and Committee are in place. Training was delivered to all staff in 2001 with refresher training on diversity and equality taking place on a regular basis since then.

7.50 There were 15 ethnic minority prisoners held in the prison during inspection and while the service had not been required recently, interpreters were available through the local Mosque and Strathclyde Interpreter Service. However, information was not available in different languages in Reception and this should be addressed.

7.51 Three complaints of racial abuse had been investigated since 2000. The paperwork for two could not be located but examination of the third (which related to prisoner on prisoner verbal abuse) indicated that it had been dealt with appropriately.

Health and Safety

7.52 The last inspection by the Health and Safety Executive was carried out in January 2002. Following this action, plans were prepared to address the recommendation. Not all plans are in place yet. In particular, the Health and Safety Executive made comment in their report that under Regulation 11 that an employer should provide health surveillance to employees. This does not happen at Glenochil and has been referred to SPS Headquarters for a decision.

7.53 The Health and Safety Co-ordinator is employed three days a week at Glenochil and two days at Cornton Vale. The establishment's health and safety policy is constantly revisited and amended. The Health and Safety Committee is multi disciplinary and meets monthly. Most areas within the establishment were compliant with health and safety regulations. All prisoners are given health and safety awareness training during induction. Eighty per cent of staff have been trained in health and safety awareness and all areas within the establishment are covered by a health and safety risk assessment. At the time of inspection all accident investigation records were up to date. Safe systems at work were in place within the establishment but need ongoing reviews.

7.54 The Fire Safety Committee meets on a quarterly basis. The local fire service is represented at the quarterly meetings. Two large scale training exercises have taken place over the last two years involving the establishment and Central Region fire service. The establishment has appointed 40 fire marshalls who attend a full one day training programme carried out by central region fire service. The fire marshalls covered all areas of the prison.

Visiting Committee

7.55 The Visiting Committee fulfils its obligations and feels well supported by the Governor, by Management and by staff.

7.56 Their representatives indicated that Glenochil has "advanced immensely" in the last twenty years in terms of levels of violence and in terms of staff-prisoner relationships. Current lower levels of violence within the prison were, in the view of the Visiting Committee, an indication that anti-drug measures were effective. A particular example which had gave them pleasure was the Burns Supper attended by prisoners and staff which had been "unbelievably good".

7.57 The single matter about which prisoners in Glenochil talk most to the Visiting Committee is the "lack of progression": both with regard to progression within Glenochil and progression from Glenochil. "Stagnation" was the description used by the Chairman for the circumstances of prisoners waiting to move on from Glenochil to the next stage of their sentences. Food complaints, which used to be frequent, are now rare; and no complaint about healthcare has been raised with the Visiting Committee in recent times.

8. SERVICES

Estates and Facilities

8.1 A commitment of £25 million has been made to Phase 1 of the Development Plan. The aim is for the three phase plan to be completed over the next decade. The end result may be that Glenochil will have two new Houseblocks similar to those built recently in Polmont and Edinburgh, a new segregation unit and better regime facilities and link corridors.

8.2 This commitment to the long-term future of Glenochil is encouraging. It does however make for some short-term difficulties. The maintenance of the current accommodation is suffering because there has been little investment in buildings with a fairly short life expectancy. This has led to some parts of the buildings becoming somewhat threadbare. Whilst it is very good news that new accommodation will be available soon, this must not become an excuse for prisoners working and living in these conditions in the interim.

Human Resources

8.3 At the time of inspection the agreed staffing complement was 390.8 staff with 413.7 staff in post. There were four vacancies at the time of inspection. Thirty one staff were undergoing SVQ training.

Catering

8.4 Although the Prisoner Survey shows a year-on-year decrease in satisfaction with the catering arrangements in Glenochil, the Inspectorate found a varied menu available, with hot and cold options. All diets and preferences were catered for, and breakfast and lunch was served every day at times that meet Operating Standards. However, the evening meal for prisoners is served at 4.30pm. This is outwith the timeframe set by Operating Standard 3.67.

8.5 On Fridays the prison does not meet Operating Standards 3.67 and 3.68 in that lunch is started later than normal (approximately 1.30pm) and the evening meal is started at 4.30pm.

8.6 The salad bar available to each Hall on a four-week rotation provides prisoners with an excellent salad choice presented in a very attractive and appetising way. **This is an area of good practice.**

8.7 Prisoners reported that food was hot and the portions were good, if rather tasteless. The first two of these were supported by Inspectorate tastings. The transportation of food from the kitchen to the Halls was also criticised by some prisoners. They said it made some items, especially chips, soggy and cold. Again there was no evidence of this during inspection.

8.8 The kitchen itself and the servery areas in each Hall were clean and there was a clear commitment to high standards of hygiene and cleanliness amongst staff and prisoners responsible for food handling.

8.9 Catering Managers reported that they hoped to introduce opportunities for prisoners to gain qualifications while employed in the kitchen. Catering officers are undertaking training to qualify them to assess prisoners working towards vocational qualifications.

Laundry

8.10 There are some problems with the laundry. The laundry provides work for prisoners located in the Protection Unit in 'B' Hall. The stigma associated with this, coupled with the fact that there is laundry equipment available in the Halls, has led to a significant drop in business. A significant part of laundry activity had also been for the Young Offender Institution. It was reported that no more than 10 laundry bags per day were now arriving at the laundry. This falls well short of the number required to make the laundry viable. The process itself was well organised with checks in place to make sure items sent for cleaning would not be damaged, lost or stolen. Each Hall has a priority day and there were also specific days for certain items. The detailed timetable is published and the transportation of clothes to and from the laundry itself was under review.

Canteen

8.11 The establishment operates a 'bag and tag' system which is now fully developed and working well. Prisoners select their choice of goods from a list once a week. The list is

comprehensive and a sundry purchase scheme is in operation for items not in stock. The articles requested are selected by the canteen staff with all items being put through a bar code system via a computerised till. A receipt is issued to the prisoner fully broken down with article and price listed: a copy is retained by the canteen staff for audit purposes. Prisoners made little complaint about the canteen except to say that prices were too high. The canteen area was clean and well maintained.

9. GOOD PRACTICE

9.1 The high quality of one-to-one counselling available to prisoners with complex addictions needs (paragraph 4.16).

9.2 On completion of the Reception process, admissions are taken to the Health Centre for interview by Health staff (paragraph 5.9).

9.3 The design and resourcing of the Sentence Management Centre (paragraph 5.17).

9.4 The salad bar available to each Hall on a four-week rotation basis (paragraph 8.6).

10. RECOMMENDATIONS

For SPS HQ

10.1 Clear guidelines for the personal officer role should be issued by SPS (paragraph 5.22).

10.2 The operation of the Sentence Management Scheme nationally should be reviewed (paragraph 5.22).

For Governor in Charge

10.3 Ways must be found to stop the practice of throwing bodily waste out of the windows (paragraph 2.8).

11. POINTS OF NOTE

11.1 The arrangements for, and operation of, the Orderly Room should be reviewed (paragraph 3.9).

11.2 Consideration of having in place a back up contingency during night duty should be considered (paragraph 3.14).

11.3 Consideration should be given to extending weekend Mandatory Drug Testing (paragraph 4.9).

11.4 The local addictions strategy needs to be updated (paragraph 4.12).

11.5 The reasons for the limited movement of prisoners to the Open Estate should be examined (paragraph 5.3).

11.6 The reasons for prisoners awaiting onward movement to Friarton should be examined (paragraph 5.4).

11.7 Immediate consideration needs to be given to providing a communal waiting area, and an interview area which provides a reasonable level of privacy and confidentiality in Reception (paragraphs 5.7 and 6.5).

11.8 Information for non-English speaking prisoners should be available in Reception (paragraphs 5.8 and 7.50).

11.9 The display of football memorabilia in Reception should be removed (paragraph 5.10).

11.10 The Induction Programme should ensure that it meets the individual needs of prisoners (paragraph 5.16).

11.11 The Sentence Management Strategy Group should consider conducting an audit of the process to ensure backlogs do not occur (paragraph 5.18).

11.12 The absence of provision for hand washing and drying in the prisoner's toilet in the Health Centre should be addressed (paragraph 6.3).

11.13 The adjacent location of the "clean" and "dirty" sinks in the Treatment Room and the use of this room for purposes other than treatments should be addressed (paragraph 6.3).

11.14 The shared use of the Treatment Room when treating and/or consulting with patients should stop (paragraph 6.4).

11.15 The lack of privacy afforded by the clear glass in the window of the bathroom in the ACT suite should be addressed (paragraph 6.5).

11.16 A functional examination light should be installed in the Health Centre (paragraph 6.6).

11.17 Consideration should be given to reviewing and improving the request form system for non urgent medical problems to ensure that all prisoners can understand it (paragraph 6.14).

11.18 A review should take place of the location and provision of the Medical Emergency Equipment bags (paragraph 6.18).

11.19 The concern which prisoners have about the reason for medication decisions should be examined (paragraph 6.21).

11.20 Until the introduction of the new telephone system, appropriate staff and management practice with regard to prisoners contacting the Listeners should be addressed (paragraph 6.35).

11.21 Management should implement the new SPS policy on prisoner pay awards as soon as possible (paragraph 7.5).

11.22 The prison should continue to develop a more holistic approach to delivering the full range of prisoner learning activities and ensure that the role of formal education is valued and promoted more actively (paragraph 7.8).

11.23 The range of books and computer software in the library should be extended (paragraph 7.10).

11.24 Management should improve its procedures for providing resources to meet the informational, cultural, educational and recreation needs of the prisoner population (paragraph 7.11).

11.25 Management should review current work programmes to ensure that they are relevant to prisoners' future employment prospects (paragraph 7.14).

11.26 Further thought should be given to how the prison might make best use of visits spaces (paragraph 7.20).

11.27 Ways should be sought to afford greater privacy in the visits room (paragraph 7.24).

11.28 The confusion surrounding the number of contracted Chaplaincy hours should be cleared up (paragraph 7.43).

11.29 The current system where prisoners on protection cannot attend joint worship should be reviewed (paragraph 7.45).

11.30 The appointment of a Roman Catholic Priest should be considered (paragraph 7.46).

11.31 Clarification of the contracts for individual Chaplains should be addressed (paragraph 7.46).

ANNEX 1

Sources of Evidence

Written material and statistics received from Glenochil prior to Inspection
Prison's self-assessment
Governor's briefing
SPS 2003 Prisoner Survey
Glenochil records
Glenochil vision, mission statement
SPS background material
Discussions with prisoners
Discussions with prisoners' families
Focus groups with prisoners
Interviews with prisoners
Interviews with prison staff
Focus groups with staff
Observations

ANNEX 2

INSPECTION TEAM

Andrew R C McLellan	HM Chief Inspector
Rod MacCowan	HM Deputy Chief Inspector
David McAllister	HM Assistant Chief Inspector
David Abernethy	HM Inspector
Harry Weir	Associate Inspector
Jane Thomson	Addictions Adviser
Dr Lorraine Briggs	Medical Adviser
Alastair Delaney	Education Adviser
Norma Wright	Education Adviser