



HM INSPECTORATE OF PRISONS

HMP ABERDEEN

INSPECTION: 19-20 JUNE 2003

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SCOTTISH EXECUTIVE

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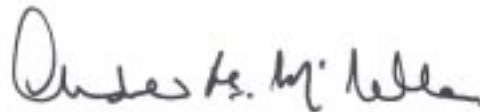
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1. INTRODUCTION

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

1.2 The Inspection Team comprised:

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July 2003

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HM CHIEF INSPECTOR OF PRISONS

2. PREAMBLE

2.1 A follow-up visit to a prison is not a full inspection and does not attempt to cover every aspect of the life of the institution. Such a visit concentrates on examining the progress of matters raised in the last full inspection, and looks at new developments. In the case of Aberdeen, there was some publicity about the prison after the last Inspectorate report published in September 2002: this report sets out the evidence for considerable improvement at Aberdeen prison since the difficulties reported on a year before.

2.2 What makes the improvement remarkable is that many of the factors which contributed to the problems referred to in the report of 2002 still persist. The prison is badly overcrowded. Over and over again the reports of HMIP refer to overcrowding. It is bad for prisoners, it is bad for prison staff, it is bad for prison management. The figure which was reported as the peak of overcrowding in 2002, a prison population of 221, has become a regular daily population one year later. Aberdeen has to cope with high levels of overcrowding while suffering from staff shortages. The report shows that there are things the prison would like to do but is prevented from doing because there are not enough prison officers to make them happen. Yet there was clear evidence from daily timetables and from statements from prisoners that the reaction to these difficulties in Aberdeen is not merely to lock prisoners in their cells for longer and longer periods; but to seek ways of making even limited amounts of activity available to all.

2.3 All those who were disturbed by last year's report should be encouraged by this one. There have been significant changes in senior management; a clear focus on addressing the issues raised in the last inspection report; a drug-free hall moving towards an enhanced regime has been created, within which steps are being taken to provide better food; some of the most worrying aspects of healthcare have been addressed; and good work is being done with the high number of prisoners with drug addiction. The report recognises that a year is a short time in the life of a prison, and that much remains to be done. For example, arrangements for visitors are as bad as ever, and the needs of Long Term Prisoners are scarcely met at all. Nevertheless, Aberdeen prison could not be described today in the highly critical language which was used in the last report: and that achievement is recognised in this report.

3. ASSESSMENT

Safety

3.1 In the last inspection report, Aberdeen was described as, amongst other things, unsafe. It is encouraging to report that much progress has been made to address that issue.

Overcrowding

3.2 In 2001-2002, prior to the last inspection, the average prisoner population was 197. By the time of the last inspection this figure was 200 with a peak of 221 recorded during the inspection. By the time of the current inspection, the average was 213 with a peak of 230 being recorded in May. A prisoner population of 220 is now considered usual. These levels of overcrowding impact on almost all areas of the prison.

Escorts

3.3 Along with overcrowding, escorts place a major demand on resources. The unpredictable nature of escorting makes it very difficult to manage in any kind of proactive or constructive way. This is further exacerbated by the overcrowding and also by the fact that staffing levels are below agreed complement. Additionally, the ageing population at Peterhead, for whom Aberdeen have responsibility when admitted to hospital, has a significant bearing on Aberdeen's escort demands. The proposed contracting out of escorting next year should help.

Staffing

3.4 Since the change in working hours following the Staff Attendance Review, the prison has not reached an agreed staffing complement. This has led to a lack of cover for some posts; some staff working excessive hours; and posts not being filled. Management have made every effort to address this issue at a local level and SPS have also tried to resolve the situation (with an addition to the complement after the 2002 Inspection Report; a trawl for

female officers; and with continued extra payments). However, shortages still exist and it is to everyone's advantage to try to resolve this problem.

Escapes

3.5 There had been no escapes since the last inspection.

Violence

3.6 In the year April 2002 – March 2003 there were six serious prisoner on prisoner assaults (against a KPI of seven). There were no prisoner on staff assaults (also meeting the KPI target). To further tackle prisoner on prisoner assaults the prison is seeking to increase CCTV coverage in the prison and gather and analyse information from incidents. Although levels of violence remain an issue, prisoners reported that the prison was relaxed and Inspectorate observations support that view.

Prevention of Suicide

3.7 The ACT Group is chaired by the Governor which ensures it is high profile. The day to day supervision of ACT is carried out by the ACT Co-ordinator and Deputy. There is a monthly audit of the ACT documentation.

3.8 All members of staff apart from one recent recruit have undergone core training. The figure for those who have had refresher training so far this year is 56%, which includes all staff who come into regular contact with prisoners. The ACT procedures produce a high workload for those staff who are involved, there being on average fifty case conferences every month. As a general rule, a case conference is held within two hours of a prisoner being put on ACT. This is a highly commendable achievement.

3.9 During the 12 months preceding the inspection there were 19 acts of self harm one of which was classed as a para-suicide. There have been two apparent suicides during that time (subject to FAI).

3.10 While ACT appears to be working effectively, prisoners who are considered to be high risk are routinely kept all day in an anti-ligature cell. The reason for this approach is the lack of a suitable safe area which would allow such a prisoner out of his cell during the day while being closely observed. This also means that there is no “half-way house”. When a prisoner is taken off ACT, there is no alternative but to return him to the Halls. The situation is more satisfactory for female prisoners where this does not apply.

3.11 The lack of a Mental Health Team in the prison means that prisoners are not routinely followed up at an interval after they have come off ACT.

Relationships

3.12 Prisoners and staff agree that relationships in Aberdeen are good. This is also evidenced in the SPS Prisoner and Staff Surveys. Further corroboration comes from discussions with groups and individuals.

Reception

3.13 The Reception is old and not designed for the daily movement now taking place in and out of the prison. This is the first point of contact for prisoners arriving in the prison and investment is needed to bring it up to the standard of Receptions in other similar types of establishment (such as Greenock or Dumfries).

Segregation Unit

3.14 The facility is clean and tidy, and the cellular accommodation is on a par with that in many establishments across the SPS. The regime however is very restrictive. Prisoners are offered exercise first thing in the morning or not at all; access to telephone and showers is only available until 5.30pm as the unit is on patrol from then until the following morning; and there is no access to the gymnasium. This is not good preparation for reintegration into the mainstream prison system.

Orderly Room

3.15 The Inspection team attended three different Orderly Room hearings and was content that the adjudication in each case was procedurally sound. The proceedings, whilst

understandably formal, were relaxed. The accused person had ample opportunity to present his or her defence, ask questions and seek clarification when necessary.

Decency

Accommodation

3.16 At the time of the last inspection, both 'A' and 'B' Halls were described as "filthy and in urgent need of deep cleaning and redecoration". Cell furniture was also found to be unfit for purpose. Since then, considerable progress has been made in 'B' Hall. The Hall was, until recently, the Remand Hall for the prison. It now provides an enhanced regime for short term convicted prisoners. The transformation of the atmosphere and environment in 'B' Hall is very apparent. The Hall is relaxed and staff and prisoners were interacting in a friendly and supportive manner.

3.17 All prisoners in 'B' Hall have access to a job in the prison and, subject to staffing and escorts, only a few stay in the Hall during the working day. The requirement for escorts aside, this is most encouraging. It was also encouraging that the prisoners were involved in the redecoration of the cells in the Hall. This was being completed on a rolling programme. Food in 'B' Hall was also of a higher standard than elsewhere in the prison. This was attributed to the fact that the Hall has introduced a system of serving from a hot plate in the recreation area, which doubles as a communal dining area at mealtimes. The improvement in the presentation and quality of the food compared to that which prisoners receive where the plated meal system is used was obvious from observation and sampling.

3.18 Recreation facilities in 'B' Hall were also reasonably good. The recreation room is adjacent to the hall and contains the usual darts, pool etc. as well as having a couple of rooms where prisoners can sit and watch television, talk or read.

3.19 It must be noted that there is a price to be paid for the new regime in 'B' Hall. The price is that remand prisoners are now living in the poorest conditions in the prison. In recent years the SPS has made progress in seeking to provide decent conditions for remand prisoners. But their conditions in Aberdeen are not good.

3.20 Less has been achieved in ‘A’ Hall, although a programme of rolling improvement is now in place. While the general cleanliness of the Hall is much improved, little positive can be said about the condition and furnishing of the cells. The level of overcrowding at Aberdeen means that redecoration can only be done on a cell by cell basis, which inevitably lengthens the time it takes to do this work. The outcome for prisoners is that they continue to live in very poor conditions. As was noted at the last inspection, the windows permit little ventilation. Panes of glass are broken/removed and blocks of wood are used to replace them, these being removed in warmer weather to provide ventilation. Towels are used in the ventilation slots to prevent strong winds blowing the wooden blocks out of the window spaces. There were no plans to replace the windows.

3.21 The mix of prisoners in ‘A’ Hall poses problems in simply carrying out the routine residential business of the prison. The Hall holds Convicted and Remand Adults, Young Remands and newly sentenced Young Adults, a mixture of prisoners held in limited circulation for their own protection and a number of Long Term Prisoners. The Hall tries to run three separate regimes managing Remand, Convicted and Protections while ensuring each group receives reasonable but separate access to regime. Given that Prison Rule 14 indicates separation of Remand and Convicted prisoners as far as is “reasonably practicable”, it might be that management consider abandoning trying to run three separate regimes within one Hall. This would have the effect of increasing the access prisoners have to what facilities are available.

Visits

3.22 The arrangements for visits are not good. The waiting room is small and very obvious from the main entrance and gate. When large numbers of visitors arrive at once, some have to stand outside for up to one hour. The combined effects of the small waiting room; large number of visits; and long waiting times between arriving at the prison and the start of the visit leads to agitated visitors

3.23 The Visits Room itself, as described in previous reports, is too small, and there is little room for toys or a food stall. During visits the room is noisy and cramped. Staff and Management are well aware of the problem and are actively and positively seeking ways to improve the situation. They are however constrained by the physical reality. Nevertheless,

an option appraisal has been carried out on the booking system which currently operates a “first come first served” approach. The prison has also carried out a recent short ‘Visitor Survey’ to identify needs and gauge demand. There is also a proposal to convert the former Training for Freedom Unit into a family/parental Unit which would offer a more relaxed environment.

3.24 There are four FCDOs but it appears that the role is not fully understood by others in the prison and the work is reactive. Management should continue to look at ways of improving the role.

Female Unit

3.25 The Female Unit comprises four double rooms (bunk beds) and one dormitory (five beds). These are all well equipped with integral sanitation, electric power, TVs and furniture. There is a living room, small cooking area, laundry room, showers and toilets and a reception area (with medical room off). All areas were clean, tidy and well decorated.

3.26 On the first morning of inspection there were 10 females held in the Unit, with another arriving later in the day. Four were attending education classes, while one was attending an agent’s visit. The others were working in the Unit (laundry, cleaning and filling breakfast bags).

3.27 All of the prisoners spoken to said that they were happy with conditions in the Unit, and enjoyed the company offered by the sharing of rooms (particularly when locked up at night). They felt that the food was good and that staff were very helpful, polite and supportive.

3.28 There also appeared to be a good support network between prisoners, with more experienced prisoners helping new ones understand rules and prison issues. This made the experience less intimidating particularly if it was the first custodial sentence being served.

Social Work

3.29 The staffing complement for the Social Work Unit is one senior, two social workers and one administrative support worker. At time of inspection this was one social worker

short (due to maternity leave). Consequently work was being prioritised to a greater extent than before. Those cases identified as urgent by the courts were normally seen within 24 hours of admission. Those assessed as less urgent were normally seen within 48 hours. A letter was sent to all others, making them aware of the Unit and providing a contact if required. However, it was not clear whether these letters reached the intended recipient.

3.30 The Social Work Unit was unable to do some of the 'welfare' work which it had previously done. Levels of referrals had subsequently dropped, but the Unit should ensure that this work is being picked up by others and is not 'falling between the cracks'. This relates primarily to housing and discharge grants.

Race Relations

3.31 There are three Race Relations Officers in post and the role is additional to normal duties. There were 13 ethnic minority prisoners resident in the prison during the inspection, the large majority being of Caribbean origin.

3.32 A list of interpreters was available, as were copies of the Koran and a translations pack. The SPS Race Relations Policy was less accessible (being kept at the back of the ethnic minority prisoner recording folder). It appeared that there had been one complaint lodged in the past year although this had been withdrawn by the prisoner half way through the procedure. There was no paperwork associated with the complaint and a formal system of recording any complaints should they arise should be introduced.

3.33 After discussion with a number of ethnic minority prisoners and staff, and from observations of interactions, there were no concerns in this area. Prisoners were treated on an equal basis and there were no reports of any incidents. As with other prisoners in Aberdeen, ethnic minority prisoners were treated with respect and courtesy.

3.34 While there were no concerns about the treatment of ethnic minority prisoners, it would still seem appropriate to introduce a more formal arrangement for monitoring progress and issues should they arise in the future. This might be included in the remit of a group already in existence.

Health Care

3.35 The last inspection report of July 2003 identified a number of issues surrounding health care. During this inspection it was encouraging to find that positive efforts to address these issues had been made. However, the prison continues to provide challenges caused by overcrowding; the high number of drug abusers; and the shortfall in the numbers of staff.

Accommodation

3.36 Since the last inspection changes have been made to the layout of the health centre to try to overcome some of the problems caused by the cramped conditions. The treatment room has been refurbished and the fitted cupboards removed. This has resulted in a more spacious working area. The consulting room area, however, remains unsatisfactory for its purpose, in addition to which the nearest wash hand basin is in the treatment room. The consulting room area does not meet Health Care Standard 1.4.

3.37 Given the serious limitations imposed by the nature of the health centre structure it remains inherently an inappropriate design for its function. Management has submitted a bid for the funding of a new health centre and also put forward a plan to provide extra accommodation using a portacabin as an interim measure. These moves are welcomed. New resuscitation equipment has also been provided and staff trained in its use along with a system for regular checks on its operational readiness.

Medical Officer

3.38 'Medacs' is contracted to provide 10 hours medical service per week, but it appears that there are occasions when there is insufficient medical time available on particular days. One of the reasons for this is the inflexibility of the current Medacs' contract. Discussions are underway to review service levels within the existing contract.

3.39 Clinical psychology resources were available one half day a week, but there was no physiotherapy service or day care provision for the prison. There were problems with the provision of hospital escorts.

Nursing

3.40 The longest serving nurse, apart from the clinical manager, has been in post for two years reflecting high staff turnover. At the time of the inspection one nurse was on maternity leave and another on a course so that use was being made of agency staff to assist with cover. An addictions nurse has now been employed.

3.41 The lack of adequate staff training programmes highlighted in the last report has been addressed, although delays in delivery have prevented the team taking full advantage of the skills which the new staff bring with them. It is encouraging that regular team meetings now take place. A further beneficial development is the attendance of the clinical manager at the Governor's morning meetings as well as senior management meetings.

3.42 An addition to the health centre staff, which was suggested in the last report, has been a part-time, agency, administrative support person. This has clearly been a major success and has relieved nursing staff of a great deal of administrative work.

3.43 Another concern after the last inspection related to the workload imposed by the large number of prisoners admitted with drug problems. During this visit there were on average 21 prisoners on methadone, with another 40 going through a detoxification regime. The large amount of nursing time spent on handing out such medication, in addition to routine medication can be demoralising for highly trained nursing staff. This is an issue that requires attention since it appears to be a major factor in the high turnover of nurses.

3.44 The addictions nurse has undoubtedly helped to deal with some of the addiction issues. She has been an important element in resolving some of the communication problems identified during the last inspection visit. However, for her to function effectively she should ideally have her own office. Some of the problems relating to the clinical manager's post have also been resolved. However, the current post holder is moving to another establishment, and it is vital that there is no hiatus in covering this post as this might compromise the progress been made in health care.

3.50 Overall, there has been a major effort to take on board the comments on health care made in last year's report, and Management are to be greatly commended for this. A robust steady state has, however, not yet been reached.

Mental Health

3.51 The provision for mental health care in the prison is patchy. There is an excellent forensic psychiatric service, but very little additional support on a continuing basis. There are two mental health trained members of the nursing team but the medication workload and other duties prevent them from practising their specialist skills. There is no day care facility or an identified area where mentally unwell or vulnerable prisoners can be housed away from the activity of the main part of the prison. This lack of an amenity is also relevant to the management of suicide risk. There is no Mental Health Team in the prison. The arrangements for the management of mental illness in the prison fall short of Health Care Standard 3.

Reducing Re-offending

3.52 In the last inspection report it was noted that: "There was little or no induction and little by way of risk and needs assessment. Sentence management, pre-release courses and throughcare were amongst the worst we have seen". Against this very critical description, there are now grounds for optimism.

3.53 A new structure has been put in place to address Induction, Risk Assessment, Throughcare and Addictions. A bid has been made to re-develop the Textile/Nets Workshed into a Links Centre for Throughcare, Assessment and Sentence Management. This will provide much needed offices and interview rooms.

Induction

3.54 Aberdeen is one of the pilot sites for the 'Short Term Offender Needs Assessment and Community Integration Plan' (STONA). This was introduced in June and has been the mechanism used for re-introducing an induction process for all short term admissions. What

is also encouraging is that the Induction Officer's post has been ring-fenced to avoid his being utilised for escorts, (although rising demand may still cause this to happen).

Sentence Management.

3.55 The prison regularly holds up to 30 Long Term Prisoners. They include those sentenced awaiting transfer to long term prisons, re-called licence holders and others transferred in for a variety of management or personal reasons. However, Aberdeen has no Personal Officer Scheme nor does it carry out the SPS's Long Term Prisoner Sentence Management Scheme. Unlike Long Term Prisoners elsewhere, those at Aberdeen are not progressing through the Scheme, nor are their risk assessments being routinely completed and interventions put in place to address these. The prison has in the past lacked psychology provision to carry out this work, although this has now been addressed. While the emphasis has been on introducing STONA, the situation relating to Long Term Prisoners still needs to be addressed. Currently the prison does not meet SPS Operating Standards in this area.

Throughcare

3.56 Again, from having little in place at the time of the 2002 Report, there is clear progress in this area. A bid has been made to develop a dedicated Throughcare and Employability centre where a range of interventions can occur. This would also be a centre for external agencies to engage with offenders. Currently, acute shortage of interview space is a barrier to developing external partnerships.

3.57 A multi-disciplinary Inclusion Strategy Implementation Group is now in place and a Risk Needs Officer has been identified and this post is currently ring-fenced. As with the post of Induction Officer, this is most encouraging. All referrals to external partners are now co-ordinated from within the Throughcare function. In turn there is ongoing work to raise awareness of the role of Throughcare and to encourage other staff, especially in the Halls, to engage.

3.58 While a lot of ground had been lost with external partners when the regime was curtailed due to escorts, links are now being built with organisations such as Jobcentreplus, Northern Horizons, Phoenix House, Drugs Action, Grampian Addictions Problems Service,

Aberdeen Cyrenians and Couple Counselling. At present there is still some duplication of transitional work with Cranstoun, although as the Throughcare system settles in, and particularly if the Links Centre is developed, such duplication should be kept to a minimum.

3.59 It was disappointing to discover that there was no regular provision for Church of Scotland Chaplaincy. This should be addressed.

Programmes

3.60 The provision of programmes at Aberdeen is also recovering from a period of relative inactivity. Interventions currently in place include Lifeline, Sensible Drinking and pre-release Drug Relapse which is to be presented for consideration as an approved activity. In order to concentrate on the needs of the majority of the population (Remand and Short Term) Cognitive Skills has been discontinued. While this might reflect the fact that duplicating programmes across the majority of establishments may not be the best way to deliver, it does mean Long Term prisoners with an identified need can no longer address that need in Aberdeen

3.61 While the difficulties associated with the provision of programmes for LTPs is not likely to improve in the short term, the piloting of the STONA will relatively quickly develop a baseline of needs which in turn will inform decisions about which interventions may be most appropriate. This area of work appears to be sound in terms of a planned approach to needs assessment and from this developing future programmes/partnerships.

Addictions

3.62 Provision for managing addictions issues have improved markedly. In December a team from SPS HQ carried out an audit of addictions services and their report is being used as the basis for developing addiction services. In common with other establishments there is a systematic approach to initial medical assessment and both detoxification and maintenance programmes are in place. On average, 21 prisoners are on methadone maintenance and 40 on a detoxification regime. A multi-disciplinary Addictions Team is now in place as is a Local Drug Strategy based on the recommendations of the December 2002 Audit.

3.63 Cranstoun Drug Services provide initial assessment with referral internally to the Health Centre and to the Addictions Team; and externally to a variety of partner agencies. The prison is also represented on a number of external drugs groups. Generally, the response to addictions issues is now better planned and resourced, though still developing.

3.64 Mandatory Drug Testing is also managed within the addictions team. Again, the picture is more encouraging than it was at the time of the last inspection. At the time of inspection testing only took place Monday to Friday, and since 1st April 30 days have still been lost to escort requirements¹. Testing to support the new drug free 'B' Hall is not being carried out regularly which in turn may question the ability to maintain 'B' Hall as a drug free area.

Access to Work

3.65 Although actual work places have increased from 87 to 104 since the last inspection, this still falls short of meeting the demands of all of the ever-increasing convicted population. At the moment, the system of labour allocation can only be described as haphazard: yet again, because of the regular closure of work places to allow staff to be used for escorts. However, the prison has detailed and ambitious plans to remedy the situation and a new Unit Manager arrived soon after the inspection visit. This also coincides with plans to move away from traditional prison work like textiles, wood machining and wood assembly to more vocational work in line with the SPS drive to make prisoners more employable.

Education

3.66 The Education Unit in Aberdeen has a good facility and an enthusiastic team of teachers. They deliver a variety of classes on such topics as Spanish, Navigation and Computing. Unfortunately there have been very few Basic Skills Assessments completed as a result of the breakdown in the induction process. This appears to have led to education becoming disconnected from the employability and inclusion agenda of the rest of the prison.

¹ Since the inspection, some weekend testing has begun.