



HM Inspectorate of Prisons for Scotland

Report on HMP Kilmarnock

Follow-up Inspection 14-19 July 2014



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KEY FACTS

Location

HMP Kilmarnock is situated on the A76, two miles from Kilmarnock in the Bowhouse area.

Role

The population is made up of male remand, short and long term adult prisoners.

Design Capacity/Population held at time of Inspection

HMP Kilmarnock is a high security prison with 500 cells with a maximum contract capacity of 692. A total of 501 prisoners were held at the time of inspection of which 84 were untried, 217 were serving short-term sentences, 121 serving 4 to 10 years, 15 serving 10 years plus with 63 life sentence prisoners and 1 prisoner was awaiting deportation.

Brief History

The 25 year contract commenced operation on 25 March 1999 as the first Design, Construct, Manage & Finance (DCMF) contract also known as Private Finance Initiatives (PFI) prison operation in Scotland.

HMP Kilmarnock is operated by SERCO under a contract issued by Scottish Ministers to Kilmarnock Prison Service Limited (KPSL).

Date of last inspection

September/October 2011.

Accommodation

HMP Kilmarnock has two Houseblocks, each with four wings. The wings are self-contained and have their own dining area, laundry, exercise yard and recreation area. There is also a Health Centre and Separation and Reintegration Unit.

Healthcare Provider

NHS Ayrshire and Arran

Learning Provider

In-House team

HM Chief Inspector's Overview

HMP Kilmarnock was last inspected in October 2011. The resulting report contained 10 Recommendations and 40 Action Points, and identified 16 Areas of Good Practice.

The purpose of this follow-up inspection in July 2014 was to assess the actions which had been taken to address the recommendations and to report on the progress made. For this inspection, the team was assisted by inspectors from Education Scotland and Healthcare Improvement Scotland, for whose invaluable contribution I am grateful.

It is clear from our inspection that good progress has been made by HMP Kilmarnock in the areas identified in the full inspection report. We assess that seven of the Recommendations have been achieved and two partially achieved (with one no longer applicable). Of the Action Points, 25 have been achieved, five partially achieved and seven not achieved (with three no longer applicable). All 16 of the Areas of Good Practice are still in place. We have identified an additional six Areas of Good Practice and made 11 further Recommendations.

A new Director of HMP Kilmarnock had been appointed in the three months before the follow-up inspection, following the retirement of his predecessor. It is still early days, but he has brought a fresh perspective to the leadership of the prison. In general, we observed good relationships between staff and prisoners. Most prisoners reported to us that they felt safe in HMP Kilmarnock.

A number of the recommendations from the full inspection related to healthcare issues. There is now a well-motivated and dedicated staff group providing healthcare of a good standard. The management of prisoners deemed to be at risk of self-harm is now delivered through the application of the ACT 2 Care strategy. The areas of the Health Centre formerly used for inpatient care have been decommissioned, but there remains a need to improve the medical facilities. The distribution of medication in the residential Wings should be reviewed, particularly at the weekends. There is scope to improve the communication and mutual understanding between HMP Kilmarnock and NHS Ayrshire and Arran to facilitate joint working in the prison.

Another area identified for improvement in the full inspection report related to education and purposeful activity. I was pleased to see improvements in the delivery of education and vocational training, in terms of both quantity and quality of qualifications. The joint approach to planning has resulted in increased attendance in formal classes, as well as engagement in the residential Wings. Progress has been satisfactory against all the relevant recommendations. Improvements could still be made in reducing the number of prisoners who are deemed medically unfit for work.

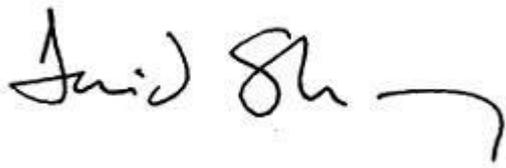
Two initiatives in particular are worthy of highlighting. The "Email a prisoner" service allows prisoners to receive directly onto their kiosk an email to which they can respond. This encourages constructive links to be maintained with family members, particularly children. Secondly, HMP Kilmarnock has a secure payments facility

which allows money to be paid electronically into a prisoner's account, through an external processing company. This reduces the need for cash handling within the prison.

Overall, there were examples of good engagement with families, through family days and support from third sector organisations. The Family Contact Officers are active in their supporting of prisoners and their families.

Summary

HMP Kilmarnock has made good progress in addressing the recommendations from the full inspection report in 2011. HM Inspectorate of Prisons will continue to monitor the Areas of Good Practice and new Recommendations from this inspection report.

A handwritten signature in black ink, appearing to read 'David Strang', with a long horizontal flourish extending to the right.

David Strang
HM Chief Inspector of Prisons for Scotland

October 2014

EXECUTIVE SUMMARY

This inspection assesses the progress made by HMP Kilmarnock in responding to the Recommendations and Action Points made in the full inspection carried out in 2011. It also assesses if elements of the service previously considered to be Good Practice remain in place.

There are three criteria; Not Achieved, Partially Achieved and Achieved. These are defined as:

Not Achieved: Overall, there is insufficient evidence of progress against our Recommendations or Action Points which either has a negative effect on prisoners or does not improve outcomes for prisoners.

Partially achieved: Overall, progress against our Recommendations or Action Points is slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

Achieved: Overall there is evidence that demonstrates efforts have been made to respond to our Recommendations and Action Points in a way that is having a discernible, positive impact on outcomes for prisoners.

Summary of Progress

Recommendations

At our inspection in 2011 we made 10 general Recommendations for the establishment of which 7 have been achieved, 2 partially achieved and 1 is deemed no longer applicable.

Action Points

Of the 40 Action Points identified for the establishment, 25 have been achieved; 5 partially achieved and 7 have not been achieved and 3 are deemed no longer applicable.

Good Practice

All of the 16 Areas of Good Practice identified in the original inspection report are still in place.

We have made a further 11 Recommendations and noted 6 Areas of Good Practice.

The paragraph reference number at the end of each Recommendation, Action Point and Area of Good Practice refers to its location in the previous inspection report which can be found online at: www.scotland.gov.uk/hmip.

1. PROGRESS ON RECOMMENDATIONS

1.1 High Risk Assessment and Teamwork (HRAT) should be reviewed and the sharing of best practice should be further developed to ensure that prisoners transferring from public to private prisons, or vice versa, experience no difference in terms of standards of care or treatment ([paragraph 2.19](#)).

Achieved. HMP Kilmarnock has ceased to employ the HRAT system to manage those prisoners at risk of self-harm or suicide and has replaced it with the SPS system 'ACT 2 Care'.

1.2 The number of prisoners attending production workshops and vocational training programmes should be increased ([paragraph 4.19](#)).

Achieved. The repositioning of vocational activities within learning and skills has created effective collaboration between staff responsible for education and vocational areas. This collaboration has resulted in an increase in opportunities for prisoners to participate in production workshops and vocational training programmes. Vocational training programmes in bricklaying, painting and decorating, and horticulture have been introduced and prisoners are offered an opportunity to complete training in all three areas to enhance their employment prospects. Bricklaying and horticulture instructors have undertaken assessor awards to enable them to deliver vocational qualifications and plans are in place to extend this across other vocational areas. The prison has successfully obtained six commercial contracts which have led to an increase in prisoner places in production workshops. Approximately 240 prisoners a week attend production workshops and improved arrangements for allocating places and responding to non-attendance have contributed to increased levels of prisoner participation.

1.3 The number of prisoners attending education should be increased ([paragraph 4.25](#)).

Achieved. Since the full inspection, the prison revised its education provision to align the range of programmes more closely with prisoner needs and interests. The current range of education programmes takes good account of the skill levels of prisoners and provides increased opportunities for prisoners to develop core skills within a vocational or thematic context. Classes in the Learning Centre are well attended. Art, Information Communication and Technology and *Catalyst* programmes have waiting lists for places. Delivery of core skills within vocational areas has increased opportunities for prisoners to develop their numeracy and communication skills. Literacy and numeracy outreach sessions delivered in the residential Wings are being successful in encouraging and supporting hard-to-reach prisoners to take the first steps towards developing these skills. **This is an area of good practice.** These arrangements have resulted in a significant increase in the number of prisoners attending education programmes and around 40% of the prison population engaging in educational activities.

1.4 A review of accommodation and associated facilities for programme delivery should be undertaken ([paragraph 4.28](#)).

Achieved. A review of accommodation and associated facilities for programme delivery took place which resulted in a reconfiguration and in some instances relocation of the offices and classroom facilities used by psychologists and programme deliverers.

All programme delivery has been relocated to the Multi-Faith Centre (MFC) from the area adjacent to the gymnasium. The centre has suitable facilities within it including attractive, well lit classroom space, toilets, a tea preparation area and sufficient and comfortable seating. The quiet atmosphere in the MFC is conducive to the type of activity delivered and its location ensures that prisoners can access it easily from the main route. Discipline cover is provided as required.

1.5 Management should consider the introduction of a multi-disciplinary system for the management of prisoners deemed to be at risk of self-harm ([paragraph 4.29](#)).

Achieved. The management of prisoners deemed to be at risk of self-harm is now delivered through the application of the ACT 2 Care strategy. The decision to move from HRAT to ACT 2 Care is welcomed by HMIPS and ensures that prisoners in HMP Kilmarnock are provided with the same standards of care and treatment as those held in every other establishment, public and private, across Scotland. This successful transition from the use of HRAT is reflected in the evident multi-disciplinary approach now adopted. There is a locally established multi-disciplinary ACT 2 Care Group who currently meet on a monthly basis and minutes from these meetings are published on the prison's intranet.

In the main, there is a good sense of knowledge of the principles and application of ACT 2 Care. Training is being delivered to all staff on an on-going, rolling programme basis. During inspection, ACT 2 Care case conferences observed were attended by a range of relevant disciplines, with an empathetic approach and conducted in a professional manner. Documentation reviewed was found to be completed to a high standard. **This is positive.**

Every ACT 2 Care document is reviewed and audited by senior management and any deficits or omissions are identified and addressed as a priority. **This is an area of good practice.**

At the time of the inspection three prisoners were being cared for under the ACT 2 Care Strategy. This figure may be reflective of a positive environment and staff group which contribute to reduce risk factors and, as a consequence produce low instances of those at risk of potential self-harm being observed. However, caution is advocated as low use of ACT 2 Care may also reflect a lack of vigilance and recognition of early indicators of those at risk.

Recommendation 1: HMP Kilmarnock should undertake further analysis of the number of prisoners identified as being at risk to provide assurance of safe practice.

1.6 Clinical treatment should stop immediately in the medical room in house block 1 ([paragraph 4.52](#)).

Partially Achieved. All of the treatment rooms located in the house blocks have been refurbished however they remain cramped and do not fully comply with the [NHS QIS Healthcare Associated Infection \(HAI\) Standards \(2008\)](#).

Recommendation 2: NHS Ayrshire and Arran should ensure that all treatment rooms are fit for purpose and comply with all relevant standards and legislation.

1.7 A system should be introduced immediately to ensure all prisoners on Methadone are tested regularly ([paragraph 4.70](#)).

Achieved. All prisoners are routinely screened for substance misuse by the assessing nurse on admission as part of the reception health assessment process. This includes the testing of a urine sample.

On referral for addictions support, a urine drug test is conducted as part of the initial assessment. All prisoners who commence or continue on substitute prescribing are further tested; initially on a three monthly basis, reducing to six monthly if providing two consecutive negative tests at the three monthly intervals. There is a process in place to address those who fail to attend for the purpose of their pre-arranged screening. All arrangements for drug screening are described in the NHS Addictions Services, HMP Kilmarnock, Standard Operating Procedure (SOP); Drug Screening.

1.8 A community based provider should confirm that a prisoner is on Methadone before it is commenced in the prison, and a support package should be in place before commencing a prisoner on Methadone ([paragraph 4.71](#)).

Achieved. There is now an SOP in place for confirming any prisoner's community-based prescribing including those prescribed Methadone. Confirmation methods include accessing healthcare records (paper based and Electronic Patient Record), reviewing Emergency Care Summaries from the community and action taken by the Pharmacy Assistant who contacts the community-based prescriber to confirm current medication regime.

There is also an SOP for the liberation process for addiction related medication. This process includes pre-liberation review and the offer of pre-release harm reduction training. If a prisoner is released to an address within the NHS Ayrshire and Arran area and registered to a GP, medication instruction is forwarded by e-mail. If the prisoner is released to any other NHS Board region, prescription and health-related information is conveyed by telephone contact where appropriate and a letter. NHS Ayrshire and Arran use a standardised Pre-release Medication Referral Form. **This is an area of good practice.**

1.9 The SPS video and information package aimed at prisoners progressing to the Open Estate should be made available to HMP Kilmarnock ([paragraph 4.92](#)).

This recommendation is no longer applicable. The SPS video is out of date and no longer in use throughout prisons in Scotland. HMP Kilmarnock have however access to information leaflets for prisoners produced by HMP Open Estate as well as information relating to Risk Management Team guidance, National Top-End (NTE) facilities, handbooks and induction packs and community access advice. Much of this information is available for staff to access on HMP Kilmarnock's intranet and copies are displayed on notice boards throughout the prison.

Staff including those with specific responsibility for Integrated Case Management (ICM) and Induction have visited the Open Estate and both NTE at HMPs Greenock and Barlinnie in order to familiarise themselves with these facilities so that they can pass on this information to those prisoners seeking to progress to less secure conditions.

1.10 Additional training in report writing should be considered for personal officers, and thereafter a quality assurance system put in place to ensure improved standards are maintained ([paragraph 4.103](#)).

Partially Achieved. In direct response to this recommendation, a report writing protocol was produced in 2011 which provided training literature and guidance for all aspects of the prisoner narrative procedure highlighting examples of best practice and suggested templates for report content. This protocol also covered the purpose and frequency of report writing expected of Prison Custody Officers (PCO) together with an overview of the ICM process and the role and responsibilities of the Personal Officer. While this training is seen as a positive response to the recommendation, once it had been disseminated to all line managers to deliver to their teams, there is little evidence to confirm that the training was evaluated or that this training is still on-going.

Report writing training continues to be delivered as part of the initial training recruits (referred to as the syndicate) schedule but feedback from the latest syndicate participants noted that they would find it helpful if more report-writing training was available to them.

Recommendation 3: HMP Kilmarnock should consider delivering the report writing protocol to relevant staff and monitor its impact on the quality of reports produced thereafter.

2. PROGRESS ON ACTION POINTS

2.1 Reception and discharge processes should be speeded up (paragraph 2.6).

Partially Achieved. Admission processes have improved resulting in prisoners spending less time in Reception, however work should continue to further reduce timescales.

There is a target of 1 hour 30 minutes for admissions to be processed in Reception, however the table below shows these timescales are routinely breached and in extreme cases prisoners can spend up to 4 hours in Reception.

The table below represents a sample of prisoner admissions and their corresponding waiting times over a three month period in 2014.

Table 1

Date	Prisoner	Time spent in Reception	Average
20 th April 2014	1	1 hour 38 minutes	1 hour 21 minutes
	2	1 hour 05 minutes	
	3	0 hour 45 minutes	
	4	1 hour 43 minutes	
	5	1 hour 41 minutes	
	6	0 hour 56 minutes	
	7	1 hour 40 minutes	
13 th May 2014	1	1 hour 30 minutes	2 hour 09 minutes
	2	2 hour 34 minutes	
	3	2 hour 03 minutes	
	4	4 hour 27 minutes	
	5	1 hour 37 minutes	
	6	1 hour 29 minutes	
	7	1 hour 29 minutes	
13 th June 2014	1	3 hour 19 minutes	1 hour 56 minutes
	2	2 hour 00 minutes	
	3	3 hour 06 minutes	
	4	3 hour 06 minutes	
	5	3 hour 31 minutes	
	6	3 hour 06 minutes	
	7	1 hour 46 minutes	
	8	0 hour 51 minutes	

Recommendation 4: HMP Kilmarnock should work to further reduce the time prisoners on admission spend in Reception.

The process for liberating prisoners has improved and they now spend less time in Reception. During the inspection prisoners were released just after 08.00 hours which is in line with other establishments in Scotland.

2.2 The night information packs should be reviewed and staff made aware of their content (paragraph 2.13).

Achieved. Information packs issued to night duty staff have been updated and now contain information relevant to their duties. Night duty Officers are briefed by their supervisor prior to taking up post and receive a further briefing from the late supervisor in charge of their area of responsibility.

2.3 Prisoners should be reassessed for potential risks when circumstances have changed at Court (paragraph 2.18).

Achieved. HMP Kilmarnock no longer uses the HRAT process and instead uses the ACT 2 Care Strategy to manage prisoners deemed at risk of self-harm or suicide. As part of the ACT 2 Care strategy a risk assessment is undertaken on all prisoners returning from court. A number of these assessments were observed during the inspection and all were undertaken in an effective and professional manner.

2.4 The decision to accommodate all level 1 and 2 HRAT prisoners in the in-patient facility in the Health Centre should be reviewed (paragraph 2.20).

No longer applicable. The use of HRAT has now ceased and the observation cells and inpatient facilities are no longer in use.

2.5 Prisoners should not wash crockery and cutlery in the sinks in their cells (paragraph 3.8).

Achieved. There is a small plastic basin in each cell and washing up liquid is available in each Wing servery for prisoners to wash their crockery and cutlery after meals. Some prisoners spoken with during the inspection said they washed their crockery and cutlery in their in-cell sinks, however most confirmed that they used the plastic basins.

2.6 Recreation areas should be refurbished (paragraph 3.10).

Partially achieved. At the time of the full inspection each Wing had a small recreation room with a snooker and pool table. These items have now been removed and placed in the main concourse on the bottom level of each Wing, however a number of these tables are in poor condition and require to be repaired or replaced. HMP Kilmarnock are aware of this and report that repairs are about to commence. Most of the rooms previously used for recreation have been fitted with a small amount of gym equipment which prisoners can use during recreation periods. Unfortunately a lot of this equipment is in a poor state of repair. Management in HMP Kilmarnock have recognised this and are in the process of purchasing some new equipment to ensure that all Wings have a gymnasium, however the amount of new equipment being purchased is limited and so some of the existing equipment will be retained.

HMIPS will visit HMP Kilmarnock in six months time to ensure that the rooms have been fitted with gym equipment which is in good working order and that the snooker and pool tables have been repaired or replaced.

2.7 Ways should be found to make recreation more purposeful (paragraph 3.10).

Achieved. By converting the recreation rooms in each Wing into gymnasiums HMP Kilmarnock has ensured there is more for prisoners to do during recreation periods. The main gymnasium is also open during weeknight recreation periods and a timetable is in place to ensure that all prisoners have periods of access. Prisoners requiring protection from others who are located in H Wing however have less access to the gymnasium during recreation periods than prisoners from other Wings as they can only attend one session. The main gymnasium is closed during weekend recreation periods.

During summer months prisoners have access to the exercise yards for a one hour period in the evening.

2.8 All protection prisoners should receive their full entitlement of one hour in the open air (paragraph 3.20).

Not Achieved. On weekdays, prisoners can access a period of time in the open air directly after their lunch. To ensure they receive a full hour this period must commence by 12.20 hours in order for it to end at 13.20 hours when prisoners are required to return to work. During observation of one of these periods no Wing received a full hour in the open air, with most prisoners having approximately 50 minutes access and protection prisoners only receiving 45 minutes. Close Circuit Television footage checked for a random selection of days during June and July 2014 confirmed that while on some days prisoners did access a full hour in the open air, on other days the time spent outside was less. The weekend regime allow prisoners to access a full one hour period in the open air on both days.

Recommendation 5: HMP Kilmarnock should ensure that all prisoners have access to one hour in the open air every day.

2.9 The level of staffing and the location of staff supervising the exercise yards should be reviewed, and the numbers in and out should be checked (paragraph 3.22).

Not Achieved. Each Wing has an exercise yard which, when in use, is supervised by one member of staff. During the inspection upwards of 30 prisoners from each Wing attended outside exercise, however should all prisoners located in the Wing attend, this would result in up to 60 prisoners being supervised by one member of staff. Prisoners are free to come and go as they please during this period. Management confirmed that there is no risk assessment, safe system of work or contingency in place to deploy additional staff to supervise exercise periods if the number of prisoners accessing the exercise yard significantly increased. The member of staff supervising exercise normally stands at the door of the yard and keeps a running total of the number of prisoners attending. During the inspection prisoners were not searched prior to entering the yard.

Recommendation 6: HMP Kilmarnock should ensure that the process for supervising prisoners at outside exercise is safe at all times.

2.10 Staff should challenge disrespectful prisoner attitudes towards them (paragraph 3.38).

Achieved. Observation of staff and prisoners in all areas of the prison confirms the mutual respect observed during the full inspection is still in place. **This is positive.** Interaction between staff and prisoners in various settings during the inspection was observed and at no time were there any disrespectful attitudes displayed and in fact the vast majority of this interaction was very positive and relaxed. Staff and prisoners who attended focus groups prior to the inspection spoke positively about their working relationships.

2.11 Compulsory vocational qualifications should be available to custodial staff (paragraph 3.45).

Not achieved. There has been no progress since the full inspection. HMP Kilmarnock has decided this is not an area of priority but it remains under consideration. Vocational qualifications are available to custodial staff but these are not compulsory. HMP Kilmarnock is considering the worth of making this compulsory but has embarked upon delivery of a Scottish Vocational Qualification programme to supervisors which was identified as a corporate requirement as well as feedback from a staff survey.

2.12 Relevant staff should receive child protection training (paragraph 3.48).

Achieved. There has been good progress with a total of 65 staff being trained since 2012, and evidence of a continued focus as the training is embedded within the Syndicate Programme as well as ad hoc delivery when staff availability allows.

2.13 Wing Prisoner Custody Officers should be given Personal Officer training and support (paragraph 3.49).

Partially Achieved. Additional training is now being delivered. An ICM co-ordinator and a Psychologist each provides one full day's training in the role of the Personal Officer and pro-social modelling respectively. Training in the role of the Personal Officer offers an introduction to ICM and describes the job responsibilities. Pro-social modelling training covers relationship-building, inter-personal and communications skills required to deliver a motivational approach to the role of Personal Officer.

For some groups of staff additional training in risk management is also delivered by the psychologists. This training is aimed primarily at operational managers, supervisors and Prison Custody Officers (PCOs) who work in the Separation and Re-integration Unit (SRU) to provide the additional skills required to work with those prisoners who present with behavioural problems.

Finally, some training in motivational interviewing techniques has been delivered to ICM co-ordinators, PCOs and Offender Outcomes staff.

2.14 Training Committee meetings should be reinvigorated (paragraph 3.50).

Achieved. Since July 2012 Training Committee meetings have been held on a regular basis i.e. at least every two months. The meetings are attended by the Assistant Director, Staff Performance and Development and Managers from Residential, Offender Outcomes and Resourcing. The Director also attends on a regular basis. Standing agenda items include an overview of mandatory training figures, Management Development, Syndicate Programme and Learning and Development Plan progress.

2.15 The right of appeal should be explained to newly sentenced prisoners on reception (paragraph 3.70).

No longer applicable. There is no longer a requirement to inform all newly sentenced prisoners of their right to appeal and have them sign paperwork to confirm they understand this.

2.16 Foreign nationals should be informed of their right to access consular officials (paragraph 3.74).

Achieved. At the time of the follow-up inspection there were 11 foreign national prisoners within HMP Kilmarnock. Evidence supplied from the Resettlement and Progression Manager showed that 'Notes for Guidance of Prisoners on Reception into Prison' had been prepared since the full inspection. In addition to English, these were available in 11 different languages. The Note alerted the prisoner to his entitlement to contact Diplomatic Representative and how to go about this as well as the opportunity to access a translation service. Both staff and prisoners spoken with were aware of the process and confirmed that the it appeared to work well from both perspectives. The Guidance Note was provided to all prisoners on admission.

2.17 Prisoners should be offered a copy of the Prison Rules during disciplinary hearings (paragraph 3.76).

Achieved. A copy of Prisons and Young Offenders Institutions (Scotland) Rules 2011 is available to prisoners attending the Orderly Room and during observation the Adjudicator asked all prisoners if they wished access to the rules.

2.18 In disciplinary hearings which relate to possession of unauthorised articles, the evidence should always be produced (paragraph 3.77).

Achieved. Items to be presented as evidence in the Orderly Room are initially placed in a sealed numbered bag, recorded in a production book and retained in the Intelligence Management Unit (IMU) until required as evidence at an Orderly Room adjudication. At this point, the items are then taken to the SRU where they are recorded and locked in a safe until the adjudication takes place. After they have been presented as evidence at the adjudication they are returned to the IMU where they are once again recorded in the Production book. This process was checked and the details of the items used in evidence in both the IMU and the SRU matched.

A number of orderly room adjudications were observed and in cases where an item was required to be produced as evidence this process was followed.

2.19 Steps should be taken to reduce the number of prisoners refusing to go to work (paragraph 3.79).

Achieved. The number of prisoners being placed on report for refusing to attend work has reduced from 20 per day at the time of the full inspection to the current average of three. SPS Controllers who carry out all adjudications confirmed that this lower figure was now the norm.

Since the full inspection the number of prisoners held in HMP Kilmarnock has dropped by approximately 150. Staff and SPS Controllers feel this has contributed to the reduced number of prisoners refusing to attend work. Additionally work spaces in HMP Kilmarnock are continuously over allocated resulting in many prisoners not having to attend their place of work.

The number of prisoners signed off work for medical reasons, often for long periods of time or indefinitely, is far higher than in other prisons. During the follow-up inspection there were 48 prisoners who fell into this category, the vast majority of whom were convicted prisoners required to attend purposeful activity. There is concern over the apparent lack of a formal system of review for these prisoners. Additionally it appears in some cases that if a prisoner is in receipt of Disability Living Allowance (DLA) in the community, he will automatically be deemed unfit for work and classified as being 'long term sick' when he is detained in HMP Kilmarnock. This was confirmed by an attending GP who advised that as a prisoner has been deemed unfit for work by an expert in the community, the GPs serving the prison are not in a position to review or challenge this. Furthermore, the GP made the point that unlike industry, there is no access to an Occupational Health Service who would undertake a review in line with working opportunities available. This perception is unique to HMP Kilmarnock. These concerns are compounded by the fact that there does not appear to be any medical instruction conveyed to Officers regarding limitations of activity or expectations of capability with regard those it concerns.

Recommendation 7: HMP Kilmarnock should review the processes associated with the high numbers of prisoners deemed medically unfit for work.

2.20 Prisoners should be routinely told that they can appeal against the result of a disciplinary hearing (paragraph 3.80).

Achieved. During observation of Orderly Room adjudications the Adjudicator informed all prisoners of their right to appeal at the end of the process. Paperwork from a number of previous adjudications was checked and in all cases the Adjudicator confirmed the prisoner was informed of his right to appeal.

2.21 Prisoners should have access to an interpreter if required (paragraph 3.83).

Achieved. As noted in paragraph 2.16 above there were 11 foreign nationals in custody within HMP Kilmarnock. On arrival explanatory documentation which the

prisoner retains is provided which describes how to access an interpreter. Reception staff are familiar with ‘thebigword’ translation service and PCOs working within the residential Wings will facilitate prisoners requests for access to this service.

2.22 Prisoners' complaints should be audited on a regular basis and Internal Complaints Committee (ICC) cases should be shared with other senior managers (paragraph 3.84).

Achieved. Prisoners’ complaints are now audited and fortnightly complaints meetings are held to discuss ICC cases. These are attended by representatives of the senior management team.

2.23 Translated materials should be available during induction (paragraph 4.7).

Achieved. Induction literature is available in a range of languages and where necessary, the prison has access to the translation services of ‘thebigword’. Information for prisoners is also available in a range of languages in printed format across the prison including the LINKS centre, Reception and the residential accommodation areas.

2.24 The oversight of the Incentives and Earned Privileges (IEP) scheme should be reviewed (paragraph 4.9).

Partially Achieved. The IEP scheme is still in operation although it had been reviewed in June 2012 and was undergoing a further review at the time of the follow-up inspection. Prisoners reported that the scheme continued to impinge on some family visits, attracted unnecessary restrictions such as access to a toaster in the evenings and no longer offered the same ‘quality’ incentives including access to additional levels of prisoners personal cash. Many of the staff spoken with viewed the scheme as an additional disciplinary tool first and a means of motivating prisoners through incentives second. Most managers who offered an opinion described the scheme as having “run its course”, “no longer useful” or “without credibility”. HMIPS will visit HMP Kilmarnock in six months time to examine the outcomes of this review.

The table below describes the number, locations and IEP status of prisoners in HMP Kilmarnock at the time of the follow-up inspection.

Table 2

Area	CONVICTED				REMAND				Total
	Basic	Standard	Enhanced	Total	Basic	Standard	Enhanced	Total	
1A	2	28	27	57	0	5	0	5	62
1B	6	11	41	58	0	1	1	2	60
1C	1	19	41	61	0	0	0	0	61
1D	1	9	51	61	0	0	0	0	61
2E	1	47	14	62	0	2	0	2	64
2F	4	33	15	52	2	6	1	9	61
2G	0	11	1	12	3	46	6	55	67
2H	8	18	26	52	0	9	0	9	61
SRU	2	1	1	4	0	0	0	0	4
Total	25	177	217	419	5	69	8	82	501

2.25 All teaching staff delivering education programmes should hold a teaching qualification (paragraph 4.12).

Achieved. The prison has restructured staff roles within the Learning Centre. All staff delivering education programmes have attained or are working towards a teaching qualification. The prison has achieved Scottish Qualification Authority (SQA) accredited centre status and maintains records of staff qualifications, experience and continuous professional development activities. All teaching staff appear motivated and enthusiastic about their role.

2.26 Learning opportunities should be effectively promoted across the prison (paragraph 4.15).

Achieved. Staff involved in the development and delivery of learning activities consider learning is valued across the prison estate. Staff responsible for industries, learning and skills and Physical Training (PT) work well together to plan and promote access to learning opportunities. They make good use of the Offender Outcomes Group meetings to promote learning opportunities. The prisoner kiosk system (referred to locally as the ATM) is used effectively by staff to inform prisoners about current and new learning opportunities and to assist speedy processing of applications for places. Seven peer tutors promote learning opportunities within residential Wings and play an important and helpful role in encouraging hesitant prisoners to participate in learning activities. Staff take opportunities to display posters and flyers promoting learning activities across communal and residential areas. These arrangements are working well. There is opportunity for staff to analyse ATM prisoner participation data to inform future planning.

2.27 Health and safety requirements should be enforced at all times in production workshops (paragraph 4.21).

Achieved. The prison has taken steps to address health and safety issues. Prisoner awareness of Health and Safety is a formal and integral requirement within all vocational activities. All prisoners attending work parties, or vocational training undertake an SQA unit on *Contributing to Health and Safety in the Workplace*. Health and safety requirements are monitored by vocational training staff and the prison's Health and Safety Officer monitors compliance. In 2013, Serco Home Affairs, HMP Kilmarnock was awarded the Sword of Honour from the British Safety Council.

2.28 All prisoners attending production workshops should be engaged in meaningful work activities (paragraph 4.22).

Achieved. Although there are not sufficient work placements for prisoners, those who do attend engage productively in work activities. Commercial contracts with a focus on manufacturing are providing meaningful production activities for prisoners. These include recycling, producing bags for sails and industrial sewing. Vocational training programmes in bricklaying, painting and decorating, horticulture, industrial cleaning and environmental incorporate relevant, contextualised work activities within the prison estate. There are good examples of these work parties contributing to on-going maintenance and improvement of the prison environment.

2.29 A systematic quality assurance or development plan should be put in place to inform improvement planning in education (paragraph 4.24).

Achieved. Following the full inspection in 2011 the prison carried out a thorough review of learning provision. Prison managers drew on the review findings to restructure staff roles and responsibilities and revise arrangements for planning and assuring the quality of provision. The Learning Centre is an SQA accredited centre and the Learning and Skills manager implements and monitors compliance with quality assurance requirements effectively. The paper, *Learning and Skills Curriculum Development 2014-2015*, explains the prison's approach to providing a curriculum for offenders, identifies areas for improvement and arrangements for measuring progress against key performance indicators. Surveys of prisoner views are used well by Learning and Skills staff to gain feedback from prisoners on the quality of provision to inform improvements. The Offender Outcome Group provides a useful forum for staff involved in the delivery of learning opportunities to monitor progress against identified aims and to plan collectively for improvement. Staff responsible for industries, learning and skills and PT make effective use of Offender Outcomes Group Meetings to plan and communicate activities and contribute to prison-wide initiatives, departmental and joint projects. **This is an area of good practice.**

2.30 The education programme should be developed (paragraph 4.25).

Achieved. The Learning Centre staff deliver 65 sessions a week within the Learning Centre, vocational training areas and in residential Wings. The Learning and Skills manager has worked with staff to refresh the range of provision and produce a curriculum development plan which indicates current and planned provision in relation to various themes. These themes include basic literacy, core skills, distance and open learning, creative skills, employability and vocational training. Staff are making good use of the curriculum plan to devise future programmes and approaches to meet the identified needs of prisoners.

The range of education programmes reflects well the interests and skill needs of prisoners. For example in art and design, the *GRAFT* project provides interesting opportunities for prisoners to develop their creativity and craft skills. Core skills classes assist prisoners to participate in learning at a level appropriate to their individual needs and aspirations. Distance learning programmes enable prisoners to undertake independent and advanced level learning. The literacy and numeracy outreach programme is providing a valuable service for prisoners who have low levels of skills. Learning and skills staff are working with Ayrshire College to establish progression pathways from prison into college programmes. There is opportunity for Learning Centre staff to assist colleagues learn about *Curriculum for Excellence* (CfE) to support future planning of provision and to help inform prisoners who have children.

2.31 More prisoners should obtain educational qualifications (paragraph 4.26).

Achieved. The prison has revised its approach to offering educational qualifications and has worked closely with SQA and Ayrshire College to develop an infrastructure

for certificating programmes. Effective collaboration between staff responsible for industry, learning and skills and PT has resulted in increased opportunities for prisoners to access activities which offer accreditation. These include the delivery of core skills within vocational training programmes, a range of awards made available within the PT facility and the introduction of multi-level core skills provision within the Learning Centre. These arrangements have increased significantly the number of prisoners attaining certification. Over the last two years, the number of prisoners attaining qualifications has risen from 236 in 2012 to 623 in 2013. There is scope for promoting the number of qualifications attained by prisoners more visibly across the prison to encourage and celebrate success.

2.32 More prisoners should attain vocational qualifications (paragraph 4.26).

Achieved. HMP Kilmarnock has made good progress in increasing the number of vocational qualifications achieved by prisoners. Since the full inspection, the number of vocational training programmes has been extended to include bricklaying, horticulture, and painting and decorating. All vocational training programmes offer SQA awards. Between September 2013 and June 2014, 114 vocational qualifications were awarded to prisoners.

The prison has taken action to develop the skills and qualifications of staff to deliver vocational qualifications. Some vocational instructors have undertaken assessor awards to enable them to administer and carry out assessments. There are good examples of Learning Centre and vocational staff working together to contextualise and deliver core skills within a vocational context. These arrangements are working well and are supporting and preparing prisoners well to undertake vocational qualifications. The prison is working with Ayrshire College to deliver vocational qualifications within the textiles production workshed.

However, there are no opportunities for prisoners on protection to undertake vocational qualifications within production worksheds. This creates boredom and monotony and prevents these prisoners from being able to develop vocational skills.

Recommendation 8: HMP Kilmarnock should ensure that there are opportunities for prisoners on protection to undertake vocational qualifications within production worksheds.

2.33 The prison should hold more multi-cultural and voluntary activities (paragraph 4.34).

Not Achieved. There was no evidence of regular multi-cultural events being held in the prison since the full inspection. It is noted that Prisoner Week due to be held in November will have a focus on Christianity but will involve all faiths.

2.34 Health promotion materials should be on display in the Health Centre waiting rooms (paragraph 4.46).

No longer applicable. The waiting rooms within the Health Centre are sparse and cramped with minimal information on display, however, a good range of health

promotion materials is exhibited in the Health Centre and throughout the wider establishment.

2.35 The primary care nurses should receive additional training to enable them to be more effective in their role (paragraph 4.49).

Achieved. All healthcare staff are required to participate in an induction training programme facilitated by Serco when working within the establishment.

Clinical supervision for nursing staff is provided by the Senior Healthcare Manager or his deputy.

There is a comprehensive training schedule in place which is provided by NHS Ayrshire and Arran to support the development of healthcare staff which includes Clostridium Difficile Overview, Adult Support and Protection, Infection Control Patient Contact and Hepatitis C Awareness.

NHS Ayrshire and Arran are investing in a Nurse Consultant; Advanced Nurse Practitioner to work within the establishment with the purpose of supporting healthcare staff through provision of clinical expertise.

Additional training for primary care nurses is being introduced through an accredited tele-health/on-line learning programme, the process and outcome of which will be evaluated in due course.

2.36 Care plans should be used by Primary Care staff (paragraph 4.51).

Partially achieved. In line with all other establishments in the SPS, HMP Kilmarnock now has the Electronic Healthcare Record system VISION. As this is a multi-disciplinary platform for recording and accessing healthcare related information, communications between healthcare staff are much improved. There is evidence that while primary care practitioners use care plans these are not used for all patients. Care plans are used if there is any degree of complexity or multi-disciplinary involvement with a prisoner's care. Mental Health care is recorded on a second electronic clinical system; FACE (Functional Analysis of Care Environments). This has the advantage of containing all assessment tools, related healthcare documents and a real-time account of healthcare related contact from all disciplines. There is also the added advantage that this system is the same as that used by local Mental Health services in the Ayrshire community promoting better through-care and improved information sharing.

2.37 The current process of booking Doctors' appointments through the kiosks should be reviewed (paragraph 4.54).

Achieved. All requests for healthcare appointments are now made using the self-referral forms which are readily available in every Houseblock. Appointment requests are triaged and a suitable time is allocated for the prisoner to be seen. Appointment times are conveyed to the prisoner via the kiosk system. There are no reports of cancellations at short notice at the time of inspection.

2.38 The Multi-disciplinary Mental Health Team should meet every two weeks (paragraph 4.58).

Not achieved. Multi-disciplinary Mental Health Team meetings no longer take place in HMP Kilmarnock. There is however a weekly clinically-based mental health meeting attended only by those with a clinical interest or input.

Recommendation 9: HMP Kilmarnock and NHS Ayrshire and Arran should ensure that a Multi-disciplinary Mental Health Team meeting, chaired by a senior operational manager, meets every two weeks.

2.39 Prisoners on remand should receive dental treatment if they are to be in custody long enough for treatment to be administered (paragraph 4.60).

Not achieved. The current waiting time for new and routine dental appointments is approximately six months. At the time of the inspection, three half-day sessions per week are provided with plans for two additional half day sessions commencing within the next quarter. This should have a positive impact on waiting times.

Prisoners on remand continue to access dental services where there is a need for emergency treatment. There is no formal arrangement for those on remand to request a routine appointment however the attending dentist makes an effort to accommodate requests from untried prisoners for routine appointments where possible.

The provision of dental treatment to untried prisoners across Scotland is poor and is often attributed to the uncertain length of time such prisoners remain in custody and as a consequence may not complete a course of treatment.

Recommendation 10: The SPS and NHS should engage in further debate in relation to the level and quality of dental treatment afforded to untried prisoners.

2.40 The prison should look at ways of introducing a family induction session (paragraph 4.75).

Not Achieved. The prison does not offer a family induction service. Earlier this year the families of those prisoners serving Life sentences were invited into the prison for a 'Family Day' which included elements of an induction such as familiarisation with the ICM process, information about prisoners' work opportunities and the showing of a video of accommodation and prison routine made by prisoners. This event was deemed a success by the prisoners, their families and management and was scheduled to be repeated in August 2014.

There are also plans in place for families to access information via a drop-in service in the Lighthouse premises in the town of Kilmarnock.

On a more general note, there are examples of events taking place within the prison to which prisoners' families are invited. These include:

Centre Stage
Catalyst Project
Exhibition of prisoners' artwork
and
Concerts.

3. PROGRESS ON GOOD PRACTICE

3.1 All night staff are first-aid trained (paragraph 2.14).

This remains an area of Good Practice. All operational staff in HMP Kilmarnock complete First Aid at Work training and attend refresher training as required.

3.2 The Prisoner Supervision System Boards (paragraph 2.34).

This remains an area of good practice. Since the full inspection in 2011, the Prisoner Supervision System now includes input from the Personal Officer alongside ICM and the Health Centre staff. The opportunity for prisoners to be invited to attend is still a feature, although a number of prisoners noted that this does not happen in every instance.

3.3 The on-going programme of cleaning and maintenance (paragraph 3.11).

This remains an area of Good Practice. The level of cleanliness in all communal areas observed during the inspection demonstrate continuation of this area of good practice. Communal areas within the residential accommodation and activity facility are clean, well maintained and free from litter. The gardens are well kept and provide pleasant surroundings both in the prison and in the grounds around the car park and main entrance. There are 12 prisoners employed in each Wing as passmen and one employed as a painter. Those passman spoken with, were able to describe the cleaning schedules they operate and can identified the proper cleaning materials and equipment used in relation to infection control guidance. The use of prisoners as 'in-house' painters ensures that the communal residential accommodation is continually maintained. While the buildings themselves now look slightly dated when compared with some of the new or recently developed SPS establishments, there is little evidence of chipped paint and grubby walls often seen in these prisons.

3.4 The training kitchen (paragraph 3.31).

This remains an area of good practice. At the time of the follow-up inspection there were three prisoners undertaking Level 1 SVQ in catering within the training kitchen, two of whom had been working towards their qualifications for one month and one prisoner who had been engaged in this activity for four months. Each candidate is allowed to progress at a pace commensurate with his ability and while most prisoners successfully complete their training in one year, a few previous candidates have managed to achieve their qualification in only three months.

Those undertaking this training are selected from a pool of approximately 28 prisoners employed in the main kitchen as a consequence of showing potential or through self-selection. Participation is on a full-time basis with an incentive of additional payments of 50 pence per shift above the average kitchen wage. As well as the theoretical training, the trainees' practical experience includes preparation of the food served in the staff cafeteria and meals for those prisoners with special dietary requirements.

In addition to this good practice, catering staff now also deliver training in Health, Hygiene and Food safety levels 1 and 2 to all prisoners working in the kitchen and have a plan in place to roll-out the same training to all pantry passmen in the Houseblocks. Similarly, this training at level 2 is delivered to all new operational staff recruited to HMP Kilmarnock during their initial training period. The group of recruits who graduated during the time of the follow-up inspection had all successfully completed the training course and gained their qualification. **This is positive.**

3.5 Remand prisoners can order their meal the day before (paragraph 3.33).

This remains an area of good practice. Untried prisoners in HMP Kilmarnock are provided with a default menu choice on the day of their admission; thereafter they are able to select the meal of their choice on a daily basis. The default menu choice will be the vegetarian option. There is provision to order meals up to one week in advance for remand prisoners if they choose to do so. Convicted prisoners can use the kiosk system to select their menu choices from three days to three weeks in advance.

3.6 Catering staff visit the halls when meals are being served and record the temperature of the food at time of eating (paragraph 3.35).

This remains an area of good practice. One member of staff from the catering department attends a different pantry every day to observe the evening meal being served and, at the same time, takes and records the temperature of the food as it is being served. These daily visits also afford the attending catering officer together with staff and prisoners from that Wing opportunities to discuss all aspects of the delivery of catering services within HMP Kilmarnock.

3.7 Staff development training (paragraph 3.47).

This remains an area of good practice. There is a strong focus on training and development with Investors in People Silver Award status being gained. The establishment could nevertheless improve the experience of new employees by including more non-classroom style learning. It was however noted that new PCO recruits are given 1.5 weeks of shadowing when they arrive on the Wing or in post.

3.8 The visits experience (paragraph 3.67).

This remains an area of good practice. The arrangements for visiting prisoners in HMP Kilmarnock and the facilities provided for visitors described in the 2011 full inspection report remain in place. The waiting room has seen some alterations since then and now provides more space with easier access to the information available about the prison, community-based organisations who offer support and nation-wide offender services such as Families Outside. **This is positive.**

While those prisoners spoken with during focus groups were not fully aware of the role or, in some instances, the existence of Family Contact Officers (FCO), all staff who provide this service wear name badges which identify that aspect of their job and have their photographs displayed in the visits area. In addition, each FCO is allocated responsibility for one Wing within a Houseblock and visits his or her

allocated residential area once per week during which time they can uplift completed, prisoner-generated referral forms. **This is positive.**

Visiting times have altered in response to the changes in population and to introduce and accommodate different types of visits including play motivator visits and a breakfast club. While these changes are welcome, it is unfortunate that the new arrangements have not produced an increase in the uptake of those attending with many visit sessions operating at a fraction of their capacity. It is also concerning to note that two of the three family-orientated visit sessions are directly linked to the IEP Scheme currently in operation in HMP Kilmarnock which means that prisoners' participation, and ultimately contact with their children, is behaviour-dependent. **This is a weakness.**

Recommendation 11: HMP Kilmarnock should ensure that visit entitlements between prisoners and their children are not related to the level attained in the Incentives and Earned Privileges Scheme.

At the time of the follow-up inspection, the prison was awaiting the results of a funding application from The Big Lottery which, if successful, would provide the necessary resources to improve the external play area and provide a soft play facility for those children visiting the prison.

3.9 The approach adopted by PT staff (paragraph 4.17).

This remains an area of good practice. The PT facility has continued to build on and extend good practice. Highly committed PT staff work well with external agencies and colleagues in other areas of the prison to continuously broaden and enhance opportunities for offenders to improve their health and fitness levels. This includes the introduction of touch rugby, targeted fitness programmes for prisoners over 40 and 60 years of age and *Fit Fans* programme with Kilmarnock Football club. Good collaboration with a range of external bodies has resulted in a range of motivational events including a visit by Scotland's commonwealth games rugby sevens team.

The PT facility has introduced a new programme *Understanding Health Improvement: Level 2* (Royal Society for Public Health). Seven members of the PT department completed training to deliver the programme and 11 prisoners have participated in training to undertake the role of Health Champions across the prison. The Health Champions organise a wide range of events to stimulate interest and participation in sports activities. This includes coordinating promotion of health and wellbeing within residential Wings, organising family and prison events and running fitness clubs such as *Belly Aff*. **This is an area of good practice.**

The work of the PT facility reflects the themes and principles of *Curriculum for Excellence*. PT staff would benefit from increasing their knowledge of CfE, particularly in relation to *Health and Wellbeing*, to affirm and inform future planning of provision. Due to the impact of PT activities on the prison population, it would be helpful if induction of new prison staff included the work of the PT department in contributing to the wider work of the prison.

3.10 The standard of pastoral care, the facilities in which prisoners can worship and the level of purposeful activity within the Multi-Faith Centre (MFC) (paragraph 4.35).

This remains an area of good practice. Since the time of the Prison's last full inspection, the chaplaincy team has reduced in size and now comprises representation from Church of Scotland, Free Church, Roman Catholic and Muslim faiths. All four chaplains are employed on a part-time basis and can draw on representatives from Buddhist and Sikh religions as and when required. In addition, the Salvation Army and the Prison Fellowship regularly attend the MFC. This level of service supported by an albeit reduced number of volunteers continues to provide a broad range of pastoral care of a good standard.

The MFC in HMP Kilmarnock provides fit for purpose, well-maintained facilities and a welcoming and relaxed atmosphere for all those who use the accommodation.

In addition to traditional religious services, the chaplaincy team continue to provide and facilitate a wide range of courses including 'Christianity Explored' and 'Sycamore Tree'. In response to a recommendation made by HMCIP in 2011, all programmed offending behaviour interventions are now delivered in the MFC. Chaplains and programme facilitators share the facilities and both groups' activities are scheduled in such a way as to allow maximum use of this valuable resource.

HMP Kilmarnock has experienced some difficulties in relation to Chaplaincy in recent years however the current team are working together to re-establish their position and strengthen relationships between themselves and other disciplines within the prison. There is evidence of strong leadership from the Head of Offender Outcomes and a sense of collaborative working amongst the new chaplaincy team which has resulted in a range of events taking, or planned to take, place including involvement in Lifers' Day, special visits on Mothering Sunday and Fathers' Day, visits to SPS and Serco prisons, development of bereavement services and delivery of anti-sectarianism awareness through the Conforti Institute. **This is encouraging.**

3.11 The self-help and guided help workbooks for prisoners with low mood and depression, sleep problems and self-harm (paragraph 4.57).

This remains an area of good practice. The provision of self-help materials and support for those prisoners who experience low mood, anxiety, sleep problems and self-harm continue to be provided. There is additional self-help guidance available for those suffering from Post-Traumatic Stress Disorder. Access to self-help and guided materials is predominantly nurse led. Healthcare staff ensure that enhanced support is provided to prisoners with poor literacy skills by discussing with them the content of and approach advocated within the self-help materials.

A proposal is in place for HMP Kilmarnock to access 'NHS Living Life' Therapeutic Services (NHS 24) which, when operational, will provide access to telephone-based Cognitive Behavioural Therapy and Guided Self Help. If approved, mental health services will be enhanced whilst supporting the principle of equivalence of healthcare provision with services provided in the community.

3.12 The alcohol awareness courses carried out by the Addictions Team (paragraph 4.66).

This remains an area of good practice. Alcohol awareness and substance misuse courses continue to be delivered within the prison. Courses and potential options for help are promoted by PCOs and healthcare staff as part of the induction process.

The courses now run over an expanded 12 sessions and are delivered in both group and 1:1 formats. Groups consist of 10 prisoners per cohort with approximately 60-70% completion rates reported. All referrals are seen within 3 weeks of referral, thereby meeting the requirements of the 2013 HEAT (Health, Efficiency, Access and Treatment).

In addition to the core sessions two reviews take place following completion at three monthly intervals and a further pre-release review is provided to enhance the impact of participation. **This is an additional area of good practice.**

3.13 The Smoking Cessation Services provided by NHS Ayrshire and Arran (paragraph 4.67).

This remains an area of good practice. An extensive smoking cessation programme is in place and has now been reviewed to accommodate untried prisoners. The service is primarily run on a group basis and usually delivered in the gymnasium area. This is an ideal venue as it provides the opportunity to promote connections between smoking cessation and increased physical activity and health education.

Staff who are interested in giving up smoking are also supported through a drop-in facility run by the healthcare staff which takes account of operational shift patterns.

Posters promoting smoking cessation activity are displayed throughout the establishment. There is also an offer of support to family members and visitors promoted via the Lighthouse organisation.

Facilitated primarily by the NHS Ayrshire and Arran Health Promotion Department, prisoners are being trained as Health Champions on a voluntary basis. In addition to local activity, Health Promotion staff are involved in national approaches such as the National Tobacco Group. Activity includes the mapping of referral pathways between establishments to ensure continuity of approach and on-going support to those prisoners who have been transferred to other prisons.

3.14 The Family Strategy includes actions required, target dates and progress against each key area (paragraph 4.73).

This remains an area of good practice. The prison's Family Strategy Team, chaired by the Assistant Director, Offender Outcomes, continues to undertake effective action planning. A two year action plan covering the period 2014/16 has been prepared and published in which the team have identified six core areas to deliver services and support to the families of prisoners held in HMP Kilmarnock. The action plan covers the following areas:

- Development of the Strategy
- Enhanced Induction
- Promotion of Health and Wellbeing
- Education and Personal Development
- Parenting Support
- Pre-release Preparation.

In addition, the team have produced a separate action plan to deliver the seven parenting outcomes identified by SPS, with responsibilities shared across the prison, local community agencies and national partner organisations including third sector representation.

A review of the minutes from the team's previous three meetings demonstrate increased team participation since the time of the last inspection with additional internal representation now included from the Learning Centre, Gymnasium, ICM and Chaplaincy.

3.15 The protocol for dealing with people who are on a Home Detention Curfew who just turn up at the gate to hand themselves in (paragraph 4.85).

This remains an area of good practice. The number of prisoners who breach their Home Detention Curfew (HDC) by turning up at the prison is low, with only one instance between January and June 2014. However the protocol for dealing with prisoners who breach their HDC in this manner is still in place. If a prisoner hands themselves in at the gate they are separated from other prisoners for up to three days during which time they will be interviewed by management, routinely searched and scanned by a drug detection dog in the hope that any items of contraband can be recovered. Once management are content the prisoner has no contraband they will return to normal circulation.

3.16 The standard of record keeping, accuracy and attention to detail in relation to the management of Integrated Case Management (paragraph 4.97).

This remains an area of good practice. The psychology team leader, working directly to the Assistant Director, Offender Outcomes, manages a group of offender outcomes officers, five of which have specific responsibility for the co-ordination of ICM within the prison. From a study of a sample of their work and through discussion with a representative of the group, it is evident that the quality of record keeping in relation to ICM has been maintained.

Training in risk management has been delivered locally to ICM Co-ordinators, Programme Facilitators, Psychology Assistants, Lifer Support Officers, Lifer Liaison Officers and Operational Managers which in addition to covering the concept of risk and the impact of intervention also includes interviewing and report writing skills.

This is positive.

RECOMMENDATIONS

Recommendation 1: HMP Kilmarnock should undertake further analysis of the number of prisoners identified as being at risk to provide assurance of safe practice. (paragraph 1.5)

Recommendation 2: NHS Ayrshire and Arran should ensure that all treatment rooms are fit for purpose and comply with all relevant standards and legislation. (paragraph 1.6)

Recommendation 3: HMP Kilmarnock should consider delivering the report writing protocol to relevant staff and monitor its impact on the quality of reports produced thereafter. (paragraph 1.10)

Recommendation 4: HMP Kilmarnock should work to further reduce the time prisoners on admission spend in Reception. (paragraph 2.1)

Recommendation 5: HMP Kilmarnock should ensure that all prisoners have access to one hour in the open air every day. (paragraph 2.8)

Recommendation 6: HMP Kilmarnock should ensure that the process for supervising prisoners at outside exercise is safe at all times. (paragraph 2.9)

Recommendation 7: HMP Kilmarnock should review the processes associated with the high numbers of prisoners deemed medically unfit for work. (paragraph 2.19)

Recommendation 8: HMP Kilmarnock should ensure that there are opportunities for prisoners on protection to undertake vocational qualifications within production workshops. (paragraph 2.32)

Recommendation 9: HMP Kilmarnock and NHS Ayrshire and Arran should ensure that a Multi-disciplinary Mental Health Team meeting, chaired by a senior operational manager, meets every two weeks. (paragraph 2.38)

Recommendation 10: The SPS and NHS should engage in further debate in relation to the level and quality of dental treatment afforded to untried prisoners. (paragraph 2.39)

Recommendation 11: HMP Kilmarnock should ensure that visit entitlements between prisoners and their children are not related to the level attained in the Incentives and Earned Privileges Scheme. (paragraph 3.8)

GOOD PRACTICE

Good Practice 1: Literacy and numeracy outreach sessions delivered in the residential Wings are being successful in encouraging and supporting hard-to-reach prisoners to take the first steps towards developing these skills. (paragraph 1.3)

Good Practice 2: ACT 2 Care documentation reviewed and audited by senior management. (paragraph 1.5)

Good Practice 3: Use of standardised Pre-release Medical Referral Form by NHS Ayrshire and Arran. (paragraph 1.8)

Good Practice 4: Staff responsible for industries, learning and skills and PT make effective use of Offender Outcomes Group Meetings to plan and communicate activities and contribute to prison-wide initiatives, departmental and joint projects. (paragraph 2.29)

Good Practice 5: Health Champions organise a wide range of events to stimulate interest and participation in sports activities and includes coordinating promotion of health and wellbeing. (paragraph 3.9)

Good Practice 6: In addition to the core sessions, as part of the alcohol awareness and substance misuse courses, two reviews take place following completion at three monthly intervals and a further pre-release review is provided to enhance the impact of participation. (paragraph 3.12)

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Acronyms

ACT 2 Care	Scottish Prison Service suicide prevention strategy
ATM	Prisoner interface with HMP Kilmarnock esystems (Kiosk)
CfE	Curriculum for Excellence
DCMF	Design, Construct, Manage & Finance
DLA	Disability Living Allowance
ECR	Electronic Control Room
FACE	Functional Analysis of Care Environments
FCO	Family Contact Officer
HDC	Home Detention Curfew
HEAT	Health, Efficiency, Access and Treatment (target)
HMP	Her Majesty's Prison
HRAT	High Risk Assessment and Teamwork
ICC	Internal Complaints Committee
ICM	Integrated Case Management
IEP	Incentives and Earned Privileges
IMU	Intelligence Management Unit
MFC	Multi-Faith Centre
NTE	National Top-End
PCF	Prisoner Complaint Form
PCO	Prison Custody Officer
PFI	Private Finance Initiative
PIAC	Prisoner Information Action Committee
PLO	Police Liaison Officer
PT	Physical Training
SEL	Special Escorted Leave
SOP	Standard Operating Procedure
SPIN	Scottish Prisons Information Network
SPS	Scottish Prison Service
SQA	Scottish Qualification Authority
SRU	Separation and Reintegration Unit



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