



# HM INSPECTORATE OF PRISONS

## HMP EDINBURGH

**INSPECTION: 24-25 OCTOBER 2006**



SCOTTISH EXECUTIVE

**CONTENTS**

**PAGE(S)**

<b>1.</b>	<b>INTRODUCTION</b>	<b>1</b>
<b>2.</b>	<b>PREAMBLE</b>	<b>2-3</b>
<b>3.</b>	<b>PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE</b>	<b>4-11</b>
<b>4.</b>	<b>NEW DEVELOPMENTS</b>	<b>12-13</b>

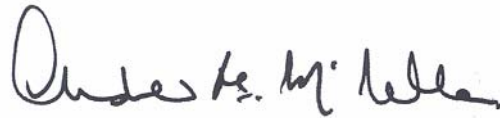
## 1. INTRODUCTION

1.1 The visit to HMP Edinburgh was made as part of a programme to visit every prison in the year following a full inspection. In the course of such visits the purpose is to follow up points of note from the full inspection, 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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## **2. PREAMBLE**

2.1 The full inspection of 2005 produced a report which identified many positive characteristics of Edinburgh prison. This follow-up report shows that the positive elements identified then have remained good. The prison is safe, decent and clean. Moreover, this report also shows that the prison has addressed most of the points of note and recommendations in the report of last year.

2.2 Significant among these is the refurbishment of Glenesk Hall. This is where prisoners on remand live. These prisoners are often in prison for very short periods of time; and usually show much less care for their cells and surroundings: their cells need constant refurbishment. The conditions for remand prisoners are now better than they were last year. It is still the case, however, that there is very little for them to do and as a result they spend very long hours locked in their cells, especially at weekends.

2.3 There is also much better use of the good facilities in 'the Hub' than there was last year.

2.4 It emerged during this follow-up inspection that there appears to be an increasing number of people with serious mental illness being detained in HMP Edinburgh. At the time of inspection the appointment of a second mental health nurse was anticipated. But the demands put upon such people, and the great demands put upon prison staff, by people with severe mental health problems, are great. This theme is emerging in several prisons.

2.5 Some long-term prisoners (in addition to those in the national top end) have now been in Edinburgh for more than one year. It is not always easy to house these prisoners beside short term prisoners; and this causes some frustration. Even more frustration, however is caused by the regular sharing of cells by long-term prisoners. The new house-block has 66 cells designed for two people and most are holding two people. The amount of anger which arises from this arrangement among long-term prisoners is noticeable.

2.6 Progress has been made in the development of this prison as a "community prison". There is evidence of better partnerships with community agencies and organisations (building on an already strong base); and of better cross-functional working within the prison.

2.7 During the inspection there was an obvious sense of anticipation among staff at all levels about the new opportunities which the new activities building should provide.

### 3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE

Eight Recommendations and twenty five Points of Note were made in last year's full inspection report. Progress as follows:

#### *Recommendations*

Implemented	3
Partly Implemented	3
Not Implemented	2

#### *Points of Note*

Implemented	11
Partly Implemented	7
Ongoing	1
Not Implemented	6

### RECOMMENDATIONS

#### **11.1 Remand prisoners should have access to the same quality of clothes and bedding as convicted prisoners (paragraphs 2.9 and 9.26).**

Implemented. The furniture and bedding has been upgraded in the remand hall. New clothing has also been purchased.

#### **11.2 A shower should be offered to all prisoners prior to departure for a court appearance (paragraph 5.7).**

Partly implemented. Some prisoners have the opportunity for a shower prior to going to court. However, if someone also requires medication he may not be given this opportunity. Some prisoners are given the option to have a shower the night before.

#### **11.3 Processes should be put in place to minimise the time spent, either in court, or in escort vehicles after individuals have been disposed of by the courts (paragraph 5.8).**

Not implemented.

**11.4 A system of audit should be put in place to ensure that all Sentence Management files are completed to the same standard (paragraph 5.21).**

Implemented. Sentence Management has been superseded by Integrated Case Management. A new audit system supported by full time staff recruited to oversee the process is now in place.

**11.5 Ways should be found to allow the Links Centre to operate on a more continuous basis (paragraph 5.26).**

Implemented. The Links Centre now operates on a continuous basis following changes to staff deployment patterns.

**11.6 The opportunity to make the full use of a custom-built health centre should not be missed (paragraphs 6.3 and 6.12).**

Partly implemented. A change to the deployment of drug testing staff has helped facilitate greater use of the area for clinics. There is now a greater sense of purposeful activity in the health centre.

**11.7 Support for prisoners with mental health problems should be improved (paragraph 6.17).**

Partly implemented. At the time of inspection an additional mental health nurse had been appointed but had not yet started work. This is a doubling of mental health nurse provision. The two mental health nurses will work exclusively in that area and will be supported by a clinical manager, part of whose time will also be available to the mental health case load.

**11.8 Remand prisoners and prisoners serving up to 60 days should be offered more opportunities to engage in meaningful activities (paragraph 7.6).**

Not implemented.

## **12. POINTS OF NOTE**

### **12.1 The prison should make sure that it has a regime in place suited to the needs of long-term prisoners (paragraph 2.26).**

Partly implemented. The prison has undertaken a review of the regime provided to long-term prisoners. Only minor changes were introduced. National top-end prisoners can now access the external exercise yard in the evening. They cannot move freely between their floor and the yard as they could in Pentland Hall, although the fire escape doors are unlocked every thirty minutes during evening recreation to allow prisoners to move between areas. An internal progression system has also been introduced. This facilitates prisoners moving to floors with more freedom and greater privileges based on their behaviour. At the moment the regime differentials are quite small but it is intended to review this again when the national top end is moved to Shotts in early 2007. The increased number of offence related protection prisoners now located in one area has allowed the prison to concentrate on specialist programme activity with this group of prisoners.

### **12.2 The prison should monitor the impact of long-term prisoners routinely sharing cells (paragraph 2.26).**

Not implemented. Long-term prisoners are still sharing cells in Ingliston House. This is as unpopular now as it was when the hall opened. Staff and prisoners reported it was the single greatest cause of tension and disagreement in the hall.

### **12.3 The need to reduce the staff complement at night should a prisoner require to be taken to hospital should be addressed (paragraph 3.19).**

Not implemented.

### **12.4 The Drug Strategy Group should meet on a regular basis (paragraph 4.1).**

Implemented. The Drug Strategy Group now meets quarterly.



**12.5 Medical and Nursing staff should be trained to assess whether a prisoner should be started on methadone during Reception (paragraph 4.4).**

Partly implemented. It is still not possible to start a new methadone prescription during Reception due to the community checks which need to take place. There are however some processes in place which allow a prisoner to start a new methadone prescription shortly after admission. Since the last full inspection 25 prisoners have started a new methadone regime following admission.

**12.6 The need for the practice of handcuffing prisoners between the Reception and the vehicle taking them out of the prison should be established (paragraph 5.4).**

Partly implemented. SPS state that the procedure for handcuffing prisoners in and out of Reception is a matter for the escort contractor.

**12.7 Information leaflets in the most common foreign languages should be available as a back up to the telephone translation service (paragraph 5.9).**

Implemented. Leaflets are now available. The prison also uses the telephone interpreter service on a regular basis and when necessary an interpreter will accompany a prisoner throughout his induction. When interpreters are in the prison, the Race Relations Manager asks them to translate a number of useful questions, requests and other terms into the language(s) they speak. This was an idea from staff in the remand hall and is to be commended.

**12.8 A review of the format of the induction booklet to ensure it is accessible to prisoners with reading difficulties should be undertaken (paragraph 5.12).**

Implemented. A “peer prisoner” hands it to each prisoner at reception; another prisoner meets each new prisoner in cell and goes through the booklet. Arrangements are being made to put the booklet on CD.

**12.9 A process should be put in place to ensure that prisoners understand the key information in the induction booklet prior to the individual attending the induction programme (paragraph 5.12).**

Implemented. See 12.8. Non-English speakers are dealt with individually.

**12.10 Consideration should be given to formalising the temporary Sentence Management arrangements for long-term prisoners (paragraph 5.22).**

Implemented. The Sentence Management Unit has been replaced by the Integrated Case Management Unit. A Unit Manager oversees the process which is co-ordinated on a daily basis by an officer. The co-ordinator has the assistance of six programmes officers and an administrator. Additional social work resources have also been identified to cover the additional workload created by ICM.

**12.11 A review of the Restart Course and the Living Skills Course should be carried out to ensure that a clear objective is being met and to provide a statement of outcomes (paragraph 5.28).**

Implemented. The Restart Course has been re-invigorated with a target of placing one prisoner per week into work. Currently they are placing two. Jobcentreplus now track these individuals and it is pleasing to note that only a small percentage have returned to prison: and some of these were for charges outstanding prior to liberation.

The Living Skills course now consults a housing advisor from Edinburgh City Council who has been successful in securing accommodation for prisoners on liberation. Another component is an independent living course which teaches basic skills and offers the opportunity to open a bank account prior to liberation.

**12.12 Nurses staying with medical staff during prisoner consultations should be the exception rather than the rule (paragraph 6.5).**

Not implemented. A healthcare assistant rather than a nurse now stays with medical staff during consultations.

**12.13 The process of dispensing afternoon medications in the residential areas should be improved (paragraph 6.6).**

Not implemented.

**12.14 Consideration should be given to providing the Multi Disciplinary Mental Health Team with input from a psychiatrist (paragraph 6.14).**

Not implemented. However, there is a plan to change the day of the meeting to allow the psychiatrist to be present.

**12.15 Waiting times to see the dentist should be addressed (paragraph 6.21).**

Implemented. A new dentist has been recently appointed. He now provides two sessions per week instead of one.

**12.16 Systems should be put in place to ensure that long-term prisoners have routine dental treatment or check ups (paragraph 6.22).**

Implemented. The dental nurse now manages the diary for non-emergency treatments and a system for dealing with these has started.

**12.17 Storage of pharmacy medications in the residential areas should be improved (paragraph 6.24).**

Implemented. Pharmacy medications are now stored in the health centre.

**12.18 The use of qualified nurses to dispense pre-packed medications should be reviewed. (paragraph 6.25).**

Not implemented.

**12.19 Learning, Skills and Employability would be further improved by closer working between regimes staff and staff in the learning centre (paragraphs 7.2 and 7.20).**

Partly implemented. Lauder College is now involved in an initiative called “Four Square”: this helps prisoners find work. A Jobs Fair was held to ascertain what skills employers required, and workshop training is now in place to equip prisoners with these skills.

**12.20 Management should consider how best to support, co-ordinate and quality assure the work of the peer tutors in the learning centre to ensure greatest impact (paragraph 7.8).**

Partly implemented. The services of a literacy professional has been acquired. This worker sometimes works with the peer tutors although this arrangement has not been formalised. There is evidence of some informal arrangements between this worker, the peer tutors and Lauder College.

**12.21 The links between Learning Skills and Employment activity and overall Sentence Management should be improved (paragraph 7.17).**

Partly implemented. The Integrated Case Management software on PR2 provides the potential for good information sharing. However, the system is still new and not all staff are competent and confident in its use.

**12.22 Both regimes and the learning centre should operate a quality assurance system to ensure continuous improvement of teaching and the learning experience (paragraph 7.21).**

Implemented. This is now achieved through the SQA Standards document and Lauder College learning outcomes.

**12.23 Referrals from the residential areas relating to housing and benefits matters should be referred to agencies in the Links Centre rather than to the Social Work Unit (paragraph 8.14).**

Partly implemented. The core screening process picks up most referrals although many still go to the Social Work Unit. These are returned to the Links Centre where they are dealt with appropriately. This longstanding problem remains, despite attempts to resolve it.

**12.24 The prison should consider setting up a formal Race Relations Monitoring Group (paragraph 8.26).**

Implemented. A Race Relations Monitoring Group has been set up, and will meet every three months. The RRMG comprises representatives from across the prison. At the first meeting a variety of topics were discussed including the admission procedures for non-English speakers, visits, religious services and the hosting of a multi-cultural event in the prison. The multi-cultural event took place on 26 October 2006. It was attended by prisoners, family members, voluntary sector representatives, prison staff and religious representatives.

**12.25 More in-depth training and qualifications should be available to prisoners working in the kitchen (paragraph 9.20).**

Ongoing. A training department will be available in the new kitchen. This will allow for more formal training leading to qualifications. This training is planned to start in early 2007.

#### **4. NEW DEVELOPMENTS**

##### **New Activities Complex**

The new Activities Complex was due to open a few weeks after the follow up inspection. The inspection team made a return visit after it had opened.

The facility has excellent potential. It was providing 130 prisoners with purposeful activity on the day of the return visit. This activity ranged from vocational training workshops such as plumbing, painting and decorating, forklift driving and joinery, to services such as the laundry and kitchen, production workshops and a temporary multi-gym. There is still room for more, and plans are in place to increase the opportunities available to convicted prisoners. It is anticipated that the facility will provide activity for more than 250 prisoners in the future.

Overall, the new facility is a significant improvement and supports the prison's aspiration to establish a "college culture". Without exception, staff and prisoners spoke very positively about it.

##### **Reception**

The purpose built reception area is a refreshing change from the design and facilities associated with 'traditional' prison reception areas. It is spacious and has a number of communal holding rooms including one for any prisoner who needs to be kept separate from other prisoners. There are no cubicles which is welcomed. New admissions have the opportunity to make a telephone call from reception. This is also welcomed.

There are rooms available where reception staff can hold one-to-one interviews with prisoners, as well as a room for the reception healthcare interview. However, personal details are entered on to the SPS Prisoner Record System at the main admission desk, and there is no facility to complete this process in an interview room even if the individual is distressed or is having difficulty standing at the desk. This is something which should be reviewed. The fact that prisoners do not routinely get a shower before moving on to their appointed residential area should also be reviewed.

There are very good facilities for the storage of prisoners' property. The main room has a rail type racking system which is very space efficient and allows clothing to be safely stored. Another room has static racks to hold additional individual property and an area for storing valuable property.

A very good peer support system operates within the reception area. This prisoner meets and greets new admissions and offers help and support to those who require or ask for it.

### **Kitchen**

A new kitchen has been fitted with modern catering equipment. This speeds up the cooking time, and meals do not have to be cooked so early that they reach the prisoner in an unappetising condition. A training kitchen and classroom are situated adjacent to the new kitchen and will provide the opportunity for catering training modules to be delivered. Staff and prisoners spoke highly of the new kitchen.