



Evidence Report on HMP Perth

Full Inspection
14-25 May 2018

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INTRODUCTION AND BACKGROUND

This report provides the commentary and overall ratings for each of the quality indicators. A summary of the inspection findings, the overviews for each of the standards and the overall rating against each of the nine standards area can be found in the 'Summary Report'.

There were five good performance quality indicators: 1.9, 4.6, 6.4, 6.5, 7.2 and 7.5.

STANDARDS, COMMENTARY AND QUALITY INDICATORS

STANDARD 1 – LAWFUL AND TRANSPARENT CUSTODY

HMIPS Standard 1

Lawful and Transparent Custody

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.

Quality Indicators

1.1 Upon arrival all prisoners are assessed regarding their ability to understand and engage with the admission process.

Rating: Generally acceptable performance

The reception was a busy area where staff mainly dealt with prisoners arriving from local courts, but also serviced the wider national court system. The staff within reception were experienced and had worked there for a long period of time. They communicated in a positive manner with those entering the prison, creating in most situations a relaxed atmosphere. The smooth running of the reception was down to professional and knowledgeable staff that were familiar with a significant number of people entering the reception, therefore on most occasions first names were used, which help to create a warm and welcoming environment.

For those returning from court, it was observed that in most cases the interview was conducted at the reception desk, in sight but out of hearing distance of other prisoners. These interviews were generally carried out swiftly and covered the TTM Strategy. Not using an interview room for admissions, as stated in their Standard Operating Procedures (SOP), could potentially result in important information being missed and prisoners may not feel they can talk freely in a communal area. All new admissions were interviewed in a designated room.

During the admission process prisoners were questioned as to their level of English language. In all admissions observed during the inspection, English was the prisoners' first language. Due to a lack of observational evidence, inspectors interviewed prisoners already allocated to halls, for whom English was not their first language. The interviews identified concerns that prisoners coming through reception with very little or no English had difficulty understanding the admissions process and the routine of the prison. After investigating the situation and speaking

to foreign nationals, within HMP Perth, it was evident that the use of translation services was all but non-existent. This was confirmed by the establishment when they advised it had been used on only four occasions since January 2018. Staff and prisoners confirmed that on occasion and where available, prisoners of the same nationality were utilised as translators. Although it is acknowledged that this was done with the best intentions, this was a risk as there was no assurance that what was being translated was accurate. More concerning was that if used during the TTM Strategy and healthcare assessments where personal information could potentially be shared breaching the prisoners right to confidentiality.

1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.

Rating: Generally acceptable performance

On most occasions those entering the reception were English speakers. When questioned, staff explained that if an admission indicated they could not read, they would re-enforce the information and check understanding. For those who spoke English, reception staff explained the prison routine well and information sheets were available to those that wanted them. The information sheets included general information on subjects such as the telephone system, canteen access, visits and searching procedures.

A folder was available in reception covering basic admission information in the 12 most popular languages. However the folder did not contain information sheets in all the languages indicated on a poster within reception that assisted prisoners to identify the language they spoke and understood. An example of this was the prisoner PIN system information sheet, which had been produced in a number of languages to explain how to use the telephone system and also how to add personal telephone numbers. Inspectors were also concerned that although the information sheets were designed to assist those for whom English was not their first language, they had been produced using Google translate and therefore may not be accurate. Also information sheets would not assist those with insufficient reading abilities in their native language. The expectation is that, for these prisoners, translation services should be used, but the evidence provided showed usage was low.

One case that gave inspectors cause for concern was a prisoner with no English returning from court with a three year sentence. The translation service was not used and he did not go through the full RRA process. The Prison Officer did not refer the assessment to a health care professional as the prisoner was deemed a returning prisoner and therefore there was no requirement to refer him. The TTM policy states that a prisoner returning to prison, having just been sentenced, should undergo an assessment by healthcare staff. This situation was immediately escalated to management, and inspectors were delighted to note that instructions to address this situation were immediately issued.

1.3 Statutory procedures for identification and registration of prisoners are fully complied with.

Rating: Generally acceptable performance

The majority of reception staff on duty during the inspection were experienced in the admission process. Only those trained in warrants were involved in the identification and registration of prisoners. There was a comprehensive SOP which explained in detail the admission requirements for less experienced staff.

Warrant identification was carried out as per guidelines and staff talked prisoners through the process. Staff clarified the prisoner's situation in a professional and compassionate manner. During observation all prisoners spoke English, and staff ensured that the prisoner understood their situation by questioning them and confirming or explaining their position. Information was extracted from the Personal Escort Report (PER) form and dealt with appropriately. However those that found it difficult to understand or read English would have difficulty following the process unless translation services were used. Management should ensure that staff feel empowered to access translation services when they see fit to do so.

Medical staff were available in reception to take care of prisoners who required medical attention. New admissions were dealt with appropriately before leaving the reception area.

1.4 All prisoners are classified and this is recorded on the prisoner's electronic record.

Rating: Generally acceptable performance

As explained in QI 1.3 an SOP highlighted the requirements for classifying and recording prisoners entering the prison. All prisoners observed were classified correctly. The majority of those observed in reception were returns from court. These prisoners were generally dealt with before new admissions, regardless of when they arrived in reception. Therefore new admissions appeared to have longer waiting times within the reception area. Inspectors observed a new admission waiting to be seen for more than two hours, when the expectation is that prisoners should be held in reception for the minimum amount of time. This appeared to be due to the steady stream of prisoners returning from court and the admission being a protection prisoner. Staff ensured that he had something to eat and access to the toilet, and kept him updated with progress. Reception staff were instructed that, as per the admission SOP, all prisoners should be interviewed in a 'designated interview room'. As reported in QI 1.1, it was observed that only new admissions were interviewed under these circumstances. Reception staff should utilise interview rooms for all prisoners, regardless of their status, to provide a safe space for prisoners to speak in private.

1.5 All prisoners are allocated to a prison or to a location within a prison dependent on their classification, gender, vulnerability, security risk or personal medical condition.

Rating: Generally acceptable performance

Due to the high number of prisoners arriving at HMP Perth there was no longer a FNIC area for those admitted to prison for the first time. Where possible, prisoners were allocated to the area most appropriate to their status; however this was not always possible. Those who required protection could be allocated to a mainstream area until such times as a space became available in the protection areas.

Staff reported that not all areas were consistent in the way they communicated hall induction. Some areas had checklists for staff to communicate the hall regime whereas other areas informed the prisoner on an informal basis, with no information sheets available for prisoners to reflect on after being admitted to the hall. When questioned staff were not always clear about the induction process or whether a core screen should take place and when. Markers appeared to be recorded on the Prison Records System (PR2) identifying for example medical conditions, protection status or risk. Despite the configuration of HMP Perth, staff found it difficult at times to place prisoners in a suitable environment. For example it was observed that staff engaged in multiple moves between residential areas to accommodate a disabled prisoner. However, where it was not possible to place prisoners in the appropriate area, staff looked to move them at the earliest opportunity.

1.6 A cell sharing risk assessment is carried out prior to a prisoner's allocation to cellular accommodation.

Rating: Satisfactory performance

The reception process was robust in appropriately identifying vulnerabilities. Despite the configuration of HMP Perth, where it could be difficult at times to place prisoners in the right environment, it was observed that staff carried out a Cell Sharing Risk Assessment (CSRA) within the guidelines, and a weekly audit was completed by a Unit Manager. Inspectors had no concerns about the allocation of prisoners to cells, despite it not always being to the most appropriate area. Although not observed during the inspection, staff and prisoners were questioned about smokers and non-smokers sharing a cell. Both groups confirmed that where this had to happen for a period of time it was dealt with as soon as practically possible.

1.7 Release and conditional release eligibility dates are calculated correctly and communicated to the prisoner without delay.

Rating: Satisfactory performance

The warrant administrators were very experienced members of the reception team and therefore had a high level of knowledge and understanding of the process. It was observed that key dates were manually calculated by the clerk and then sent to the office to be confirmed the next day. For those admitted on a Friday or over the

weekend, reception staff followed a robust process to ensure that warrants were confirmed before lock up.

Prisoners were not automatically informed of their release dates before leaving the reception. If prisoners asked they would be informed, but this was not common practice. Prisoners were informed within 48 hours of admission or on a Monday if admitted over the weekend. However a number of foreign nationals interviewed by inspectors who had little to no English stated they did not know their liberation date.

Lists of those trained in warrants were available to First Line Managers (FLMs) to ensure compliance. HMP Perth had not recorded any incidents of detain or liberation in error or in the last 12 months.

1.8 All prisoners attend an induction session as soon as practicable, but no later than one week after arrival, which provides a thorough explanation of how the prison operates and what the prisoners can expect, including their rights and obligations.

Rating: Generally acceptable performance

Induction was delivered every Tuesday for new admissions and every other day for those returning to HMP Perth. Induction staff used a needs based approach when deciding if those returning should attend national induction. The number of local inductions was reported to be low due to it not being compulsory. This had an impact further down the line, as there is a requirement for prisoners to give permission for staff to act on their behalf in arranging external support, either whilst in prison or on release. About a third of returning prisoners had failed to attend induction in the three months prior to the inspection.

The national induction for new admissions lasted three hours, and a number of prisoners stated that it was lengthy and provided too much information. Local induction was shorter and concentrated on local issues along with housing and employment support etc. There was little evidence of induction information in foreign languages, and the information being provided to all prisoners was out of date. The versions of the hand-outs in foreign languages, that inspectors saw, were from 2012 and contained out of date terminology, such as ACT and Visiting Committees. It is important that prisoners are provided with up to date material and HMP Perth should address this as a priority.

Core screens were comprehensive and carried out by Link Centre staff who appeared dedicated and very keen to help prisoners. However this was hampered by non-attendance and the lateness and inconsistency of the route movement. A robust process for linking in with external agencies was evident, as was the staffs' positive relationships with these agencies.

1.9 The procedures for the release of prisoners are implemented effectively with provision for assistance and basic practical arrangements in place.

Rating: Good performance

The liberation process was observed to be very professional. Prisoners were kept informed of the process and were continually asked if they understood, even if they had previous experiences of it. One of the men being liberated had previously had support from TSOs and found it very helpful. He had been provided with a medical certificate and medication by prison healthcare to see him through to his first doctor's appointment which was good practice. For decency, opaque bags were offered to hold their belongings. Staff took time to ensure the men understood when appointments were due and knew how to get there. The men were released through the public reception in a dignified and decent manner, minimising the risk of identification.

STANDARD 2 - DECENCY

HMIPS Standard 2

Decency

The prison supplies the basic requirements of decent life to the prisoners.

The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner's sense of personal and cultural identity and self-respect.

2.1 The prison buildings, accommodation and facilities are fit-for-purpose and maintained to an appropriate standard.

Rating: Poor performance

Perth prison is a hybrid of old and new buildings. A and B halls are 19th century buildings, whilst C hall and the rest of the establishment were constructed within the last 10 years. This creates two quite contrasting environments. Whilst the buildings were well maintained it must be viewed in the context of the underlying age and fabric of the areas. It was difficult to see how A and B halls, in their current configuration, could be described as fit for purpose. Many of the cells within A and B halls were double occupancy and many of them were small, cramped and what we would deem as 'unfit for purpose'. **Annex D** shows the size and configuration of one of these cells, clearly demonstrating their cramped nature. Inspectors were surprised that these cells continued to be used to house two prisoners, especially when our concerns on this matter were raised during the last HMIPS inspection of HMP Perth in 2014. SPS management should take urgent action to ensure that these cells are only used for single occupancy in the future.

Another area of concern in relation to A and B hall relates to the safer cells. The photographs in **Annex E** are of one of the five safer cells located within A and B hall. The conditions within these cells falls short of what inspectors would deem as suitable or appropriate. Unlike the safer cells provided within C hall these cells lack a bed frame, a place to sit and eat a meal or access to power and fall far short of what should be provided for individuals who are vulnerable, scared and feeling low in mood. Staff informed us that these cells had been regularly used to locate prisoners who were being managed under the TTM Strategy. SPS management must, as a matter of urgency, ensure that these cells are not used, as they do not provide an acceptable environment for someone who requires additional support or heightened supervision.

2.2 Good levels of cleanliness and hygiene are observed throughout the prison and procedures for the prevention and control of infection are followed. Cleaning materials and adequate time are available to all prisoners to maintain their personal living area to a clean and hygienic standard.

Rating: Generally acceptable performance

The establishment was found to be clean, tidy and well-ordered with much of the work being undertaken by hall based passmen, or prisoners working within the ICP. It was concerning to note that due to a reduction in the staffing levels within the ICP party, the training of the passmen in the relevant SQA qualifications was no longer universal or indeed a requirement to be employed in such a role. Local management should ensure that all prisoners employed as cleaners are appropriately experienced and qualified, in order to ensure that they undertake their role in line with industry standards.

Inspectors also noted that not all of the prisoners employed within the food serveries were qualified in food handling techniques. This is clearly a concern given the importance of such work. Additionally inspectors found no evidence that the testing of food temperatures, at the point of serving, were being regularly undertaken, recorded or audited. Both these situations should be addressed as a matter of urgency

Local management should ensure that they put in place processes to ensure that sufficient resources are available for training prisoners to undertake key cleaning and food handling roles, and that food checks are carried out in accordance with current legislation.

2.3 All prisoners have a bed, mattress and pillow which are in good condition, as well as sufficient bedding issued by the prison or supplied by the prisoner. The bedding is also in good condition, clean and laundered frequently.

Rating: Generally acceptable performance

In line with many recent inspections, prisoners raised concerns about the quality of the mattresses. Inspectors found that many prisoners augmented the standard issue mattress with either a second one or by placing an additional duvet under the bottom sheet.

Bedding could be regularly laundered and appeared to be of a reasonable quality and condition. It was not clear however who took ultimate responsibility for condemning it when it had become unfit for use. The laundry staff were aware of the budget they had but the system for condemning and replacing it was not as clear as one would have expected. Local management should formalise the process for this to ensure that the available funds are spent in the most effective manner. The example of the individual who did not have an appropriate bed, highlighted in the overview of this standard, is not one that can be repeated. Local SPS and NHS management must put in place processes to prevent this situation reoccurring in the

future. The care needs of the individual must be met ahead of any internal disputes or concerns about who is responsible for their provision.

2.4 A range of toiletries and personal hygiene materials are available to all prisoners to allow them to maintain their sense of personal identity and self-respect. All prisoners also have access to washing and toileting facilities that are either freely available to them or readily available on request.

Rating: Satisfactory performance

None of the cells within HMP Perth had in cell showering facilities, but all had in cell sanitation. Prisoners unilaterally acknowledged that they were able to access showering facilities on a daily basis or after attending the gym. Prisoners could routinely access a basic range of toiletries provided by the establishment, and those with the necessary funds had access to a good range of products from the canteen facility, which they could access weekly.

2.5 All prisoners have supplied to them or are able to obtain for themselves a range of clothing suitable for the activities they undertake. The clothes available to them are in good condition and allow them to maintain a sense of personal identity and self-respect. Clothing can be regularly laundered.

Rating: Satisfactory performance

Prisoners were able to wear and have in use their own clothing as well as being provided with an appropriate range of prison issued clothes. Each area maintained a clothing store which was overseen by staff, but primarily operated by a kit passmen. The clothing ranged from new to well-worn but serviceable.

In line with the comments made in QI 2.3 laundry staff were aware of the budget they had but the system for condemning and replacing prison issue clothing was not clear. Local management should formalise the process for this to ensure that the available funds are spent in the most effective manner.

Prisoner's personal clothing could be sent to the laundry within sealed bags for laundering on a daily basis. Despite one or two complaints about clothing being returned damp, inspectors found the system to operate well. The laundry staff and the prisoners within that work party worked well together.

2.6 The meals served to prisoners are nutritionally sufficient, well balanced, varied, served at the appropriate temperature and well presented. Meals also conform to their dietary needs, cultural or religious norms.

Rating: Satisfactory performance

What the prison kitchen produced each day for a budget of £2.50 per head was impressive. The daily budget provided a breakfast, lunch and dinner meal and a daily allowance of milk, fruit and access to hot drinks.

The kitchen operated a three week menu cycle and prisoners had the option of choosing healthy options at all mealtimes. Whilst the menu choice was rotated inspectors were surprised to note that HMP Perth did not operate a seasonal menu, something that is found in most other prisons. We would encourage local management to engage with prisoners to identify if they would like to see the introduction of a seasonally based menu choice system. It was also noted that the catering team had been awarded the Healthy Eating Healthy Living Award for the last two years, something that all involved should be proud of achieving.

Where an individual required a special diet for medical or faith based reasons there was a process in place to ensure that individual requirements were met. Ramadan commenced during the week of the inspection and the catering team had put in place a process to ensure that those fasting during the day had access to a hot meal during the hours of darkness.

HMIPS Standard 3

Personal Safety

The prison takes all reasonable steps to ensure the safety of all prisoners.

All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.

3.1 The prison implements thorough and compassionate practices to identify and care for those at risk of suicide or self-harm.

Rating: Generally acceptable performance

The TTM strategy was well embedded within HMP Perth with staff fully conversant with the process and the part they play within it. Inspectors were informed that the numbers of prisoners being managed on TTM had increased in recent weeks, and it was not uncommon for there to be over 10 prisoners requiring this form of support at any one time. As reported in Standard 2, there were concerns with the use of the safer cells within A and B halls, especially as they have been in frequent use in recent weeks. There were also some concerns with the approach being taken during the reception process for prisoners returning to the establishment with changes in their situation, such as a remand prisoner returning from court having been sentenced. Whilst the TTM policy states that a prisoner returning to prison, having just been sentenced, should undergo an assessment by healthcare staff, this was not happening. When inspectors spoke to healthcare staff they were clear in their response that they did not and would not undertake an assessment as part of TTM in such circumstances. This situation was resolved immediately the issue was taken to management.

As is highlighted in a number of areas of this report it was disappointing that translation support had rarely been used during the reception process, this is of particular concern as there were a number of identified foreign national prisoners located within HMP Perth. This was of such a concern that it was immediately escalated to the senior management of HMP Perth and local NHS management, requesting that action to address this was immediately implemented.

3.2 The prison takes particular care of prisoners whose appearance, behaviour, background or circumstances leave them at a heightened risk of harm or abuse from others.

Rating: Generally acceptable performance

One of the important aspects in this QI is that an individualised approach is taken to ensure that the needs of the individual and any presenting risks are addressed. Whilst it was evident that staff did operate with consideration and compassion they reported that they did not feel fully empowered to act. This was particularly

noticeable in relation to foreign national prisoners whose first language was not English. Reception, medical and residential staff spoken with did not feel that they could access the support of telephone interpreting services or the assistance of a translator without seeking the approval of a manager. This situation means that communications between staff and prisoners are not always as effective as they could be. This is of particular concern in relation to key processes such as initial reception, medical treatment or induction. Vulnerability comes in many shapes and forms, some of which are not immediately identifiable; therefore, in order for staff to be able to fully engage with those in their care, they need to feel empowered to access the support services they believe are appropriate or necessary.

It was noted from the information supplied by the establishment that interpreting services had been approached on only four occasions since January 2018. Management should review what support services staff can and should access, and ensure that they understand how to contact them and clarify when they would, should or may make such contact.

3.3 Potential risk factors are analysed, understood and acted upon to minimise situations that are known to increase the risk of subversive, aggressive or violent behaviour. Additionally, staff are proactive in lowering such risks through their behaviours, attitudes and actions.

Rating: Satisfactory performance

All prisoners, staff and visitors to the establishment stated that in general they felt safe whilst within the establishment. Prisoners also freely stated that they felt safe, primarily as a result of their relationships with the staff. Additionally, prisoners noted that staff supported and encouraged them when appropriate. Staff were fully aware that interacting in a controlled and positive manner with those within their care, contributed significantly to their safety and that of others within the establishment.

The management and staff devoted considerable effort in trying to identify factors that may influence the environment within the establishment. There were a number of approaches deployed to gain an insight into the causal factors behind violence, and the individuals who are most likely to undermine good order and discipline.

One factor which has become the norm in recent inspections is the effect that non-traditional drugs have on the atmosphere within the prison. HMP Perth was actively working to understand the routes of introduction and the effects that such substances have on the atmosphere within the establishment. The most obvious and high profile of these activities was the personal involvement of the Governor in Charge who had written personally to all those within his care on three occasions in recent months. These letters raised his concerns for their health and wellbeing should they consume illicit substances. We would actively encourage all establishments and the SPS nationally to follow HMP Perth's example of undertaking this type of analytical approach to the issue of illicit substances on the stability of establishments.

3.4 Any allegation or incident of bullying, intimidation or harassment is taken seriously and investigated. Any person found to be responsible for an incident of bullying, intimidation or harassment is appropriately reprimanded and supported in changing their behaviour.

Rating: Generally acceptable performance

At the time of the inspection there was no formal or consistent approach to the management of instances of bullying or intimidation. Staff recognised that they had a key role in monitoring their environment and being aware of the human dynamics within their hall. However, they openly acknowledged that they were more likely to move the person being bullied out of harm's way, rather than deal with the bully. This approach was primarily predicated on the fact that, in their opinion, it was incredibly difficult to get sufficient evidence to justify taking immediate action against the bully, but they felt the need to act quickly in order to keep the victim safe.

It remains uncertain at this time how the new SPS anti-bullying approach, 'Think Twice', will be implemented, or the effect it will have on the number of incidents occurring. Local management should ensure that staff training and prisoner awareness in relation to Think Twice is instigated as soon as possible.

3.5 The victims of bullying or harassment are offered support and assistance.

Rating: Generally acceptable performance

As reported in QI 3.4, the support on offer is likely to be ensuring that the victim is moved to a place of safety either within HMP Perth or the wider SPS estate. Staff were sympathetic and understanding of the situation that the victim of bullying or harassment finds themselves in, but they stated that in the vast majority of cases establishing clear and verifiable evidence of who the perpetrator is can be difficult, and their primary aim, in all cases, is the safety of the individual at risk. Once Think Twice is introduced HMIPS hope and expect to see the main focus of the activity being aimed towards the perpetrator. However, we do accept that the staff currently have the best interests of the victim at the heart of what they do.

3.6 Systems are in place throughout the prison to ensure that a proportionate and rapid response can be made to any emergency threat to safety or life. This includes emergency means of communication and alarms, which are regularly tested, and a set of plans for managing emergencies and unpredictable events. Staff are adequately trained in the roles they must adopt according to these plans and protocols.

Rating: Satisfactory performance

The Head of Operations oversees the regular maintenance and update of an extensive range of SOPs aimed at ensuring that the prison operates in a safe and secure manner. Staff were aware of their role and responsibilities in each of the SOPs applicable to them, when undertaking particular duties. Staff are trained in a number of techniques to augment their safety and that of others as well as

appropriate control and restraint procedures they can deploy if the need arises. Any such deployments are subject of a report which is reviewed by senior management and any lessons to be learnt are implemented.

In addition to the range of procedures every staff member was issued with a personal alarm that works on a multi-zone basis across the establishment. All uniformed and nursing staff were also able to access a radio that operated on the jail wide network. Both systems were subject to regular testing and benefit from maintenance and repair contracts.

3.7 The requirements of Health and Safety legislation are observed throughout the prison.

Rating: Generally acceptable performance

The management and staff within the establishment had established a number of key processes to assess and mitigate the presenting risks. This was of particular note within the work areas where risk assessments and safe systems of work were available within each of the work areas. However, it was noted that since June 2017 there had been a significant gap between Health & Safety meetings held in the establishment, with the next one being held on the 19th February 2018. It was evident from the minutes of the February meeting that the Governor was aware of this, and was taking steps to ensure that any outstanding actions were addressed, and the following meeting was held on 16th April 2018.

It was also noted that the Governor took an active and lead role in promoting a positive approach to Health & Safety matters, and this approach was supported by positive engagement and support by the local branch of the Prison Officers Association.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority

The prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity

The prison ensures that the thorough implementation of security and supervisory duties is balanced by courteous and humane treatment of prisoners and visitors to the prison. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners are implemented effectively. The level of security and supervision is not excessive.

Quality Indicators

4.1 Force or physical restraints are only used when necessary and strictly in accordance with the law.

Rating: Satisfactory performance

During the inspection both staff and prisoners generally reported positive relations. Prisoners were aware that there was a need for control and reported, in the main, that when order was required it was done so in a professional and appropriate manner. Use of force was seen to be a last resort, with officers indicating that the preferred course of action was to engage in effective communication in order to resolve any situation. That being said, whilst interrogating the data from 1 January to 18 May 2018, there had been 92 occasions when control and restraint (C&R) has been used. A random sample of paperwork was examined and, whilst on the whole it was completed to a high standard, on some occasions there was data missing, with uncertainty if the removal was planned or spontaneous, and with no evidence of the removal being captured by video recording.

HMP Perth holds a monthly anti-violence meeting, where all incidents are scrutinised and any learning identified. Management may wish to satisfy themselves that in all instances of C&R removals, the documentation is appropriately scrutinised and lessons learnt are applied.

4.2 Powers to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others are exercised appropriately, and their management is effected, with humanity and in accordance with the law. The focus is on reintegration as well as the continuing need for access to regime and social contact.

Rating: Satisfactory performance

It was evident that staff within the SRU were committed to their role and had prisoner welfare at the forefront of their activities, encouraging and supporting the necessary lifestyle or attitudinal changes required to return to mainstream. Some complex

individuals had been housed within this area prior to the inspection, with positive outcomes for the prisoners concerned being evidenced and reported. Relevant paperwork was examined and in every instance was compiled, completed and approved to a high standard. Prisoners were allowed to make representation and several had done so at their case conferences. Their mitigation was given serious consideration, informing future management plans to meet their needs, wherever possible. Reintegration was always considered a priority, however in some instances, transfer to another establishment was recommended as a last resort. Case conferences were well attended and this was confirmed both by staff and prisoners, as well as attendance records.

During the inspection there were two prisoners held within the SRU on Rule 41 conditions, one of whom was being liberated at the end of the week. This gentleman was provided with a community reintegration plan, with social work and housing appointments in place, along with transport, all of which was arranged by the prison's TSOs. The TSOs demonstrated both dedication and commitment to ensuring the safety and onward progression of this man.

Due to the diverse population within HMP Perth, and in particular the sex offender population, who were subject to a somewhat restricted regime, it was necessary to interview a number of individuals who were highlighted as perhaps self-isolating during the inspection. It was reported that in every instance these prisoners were asked daily to participate in work activities, exercise and education, to communicate with their personal officers and make use of the prison telephone system. All prisoners interviewed expressed the view that staff were very helpful and professional. Two prisoners had made themselves subject to RRMC (refusal to return to mainstream) conditions. Both prisoners were interviewed and expressed the opinion that they were treated fairly and encouraged daily by the SRU staff to reintegrate into mainstream conditions. Full narratives were available and were completed to a high standard.

4.3 The prison disciplinary system is used appropriately and in accordance with the law.

Rating: Satisfactory performance

Whilst it was obvious that there were a number of constraints due to the large number of prisoners requiring medication, and the impact on the regime as a consequence, when prisoners had been placed on report it was generally due to failure to work. Within the period January to May 2018 there had been a total of 659 prisoners placed on report.

The Disciplinary Hearing process was observed, and was conducted in line with the Prison & Young Offenders Institution (Scotland) Rules 2011 (The Rules) as well as the disciplinary procedure. Prisoners were given the report paperwork well in advance of the hearing, and the opportunity to call witnesses and to declare their understanding of the process in every instance. Where it was presented, mitigation was given serious consideration. On all occasions, it was clear that the Adjudicator had all the necessary information and evidence at their disposal to make a fair and informed decision.

4.4 Powers to impose enhanced security measures on a prisoner are exercised appropriately and in accordance with the law.

Rating: Satisfactory performance

There were no prisoners on special security measures at the time of inspection. The last prisoner to be recorded under these conditions was in 2014. The paperwork for this was examined and found to be in order. The prisoner's self-representation on this occasion was recorded appropriately, along with the review dates. The prisoner was kept fully informed of the procedures, with explanations given as to why the restrictions had been applied.

During the inspection there were 12 prisoners who were subject to management plans based on security concerns, but not serious enough to warrant special measures. Where appropriate, they were fully advised about the decision and review dates, which took place monthly, and the prisoner was allowed to make representation. All prisoners who were subject to these conditions had their management profile made available to all staff on the SharePoint site. All records were examined and the decisions recorded were found to be justified.

A review of those prisoners who had been subject to closed visits restrictions, for whatever reason, was carried out fairly, with the prisoner being given every opportunity to make representation at the review.

4.5 The law concerning the searching of prisoners and their property is implemented thoroughly.

Rating: Generally acceptable performance

A cell search was observed, with male staff conducting the strip search. It was carried out with dignity and respect and in line with The Rules. The process was explained to the prisoners throughout the procedure. Both prisoners concerned were new to custody and staff made a point of elaborating on what a cell search consisted of. The prisoners were asked to declare any unauthorised articles prior to the search commencing, with nil being declared. The search was carried out systematically, with no illicit articles being discovered. The prisoners were both asked on completion of the search if they had any complaint about how the search was conducted. No complaints were raised. It should be noted that the prisoner property card was not used. Management should re-enforcing the need to use the prisoner property card, in order that staff know what property is rightfully in use, when conducting cell searches.

4.6 Prisoners' personal property and cash are recorded and, where appropriate, stored. The systems for regulating prisoners' access to their own money and property allow for the exercise of personal choice.

Rating: Good performance

A robust system was in place for the management of prisoner property, both in possession and within the stored property boxes in Reception. An authorised

articles list was in use and strictly adhered to. Prisoners could exchange articles in use on a one for one basis. Pro-forms were issued monthly, which allowed property to be handed in by prisoners' visitors. Again, this was processed quickly and the property passed to the prisoner generally within 48 hours of being received into the prison.

Valuable property was stored within a lockable safe and annotated in a cardex system. There was a monthly audit carried out by the Duty Governor. This should be seen as good practice.

Due to the high levels of 'unknown substances' being introduced, HMP Perth had developed a protocol that all prisoner clothing handed in is laundered in the prison laundry, before being given into possession. Whilst this initially resulted in prisoner complaints and claims, it is now seen as normal practice and is accepted by the wider population. This is an area of good practice, albeit resource intensive, and is worthy of sharing across the estate.

4.7 The risk assessment procedure for any prisoner leaving the prison under escort is thorough and implemented appropriately. Any restraint imposed upon the prisoner is the minimum required for the risk presented.

Rating: Satisfactory performance

A number of escort certificates were examined during the inspection. These ranged from visits to hospitals, both planned and emergency escorts, and funeral attendance. On most occasions G4S conducted the escort, and carry out their own individualised risk assessment, taking account of the information provided by the establishment.

All risk assessments reviewed were carried out by the prison on the basis of the particular risks posed by the individual being escorted, taking into consideration all available information. In particular, supervision level, length of sentence, risk and conditions and intelligence, all informed the perceived risk to the public by the escort.

4.8 The law concerning the testing of prisoners for alcohol and controlled drugs is implemented thoroughly.

Rating: Satisfactory performance

The prison conducts drug tests on a frequent basis. This was primarily for the purposes of risk assessments, in order for prisoners to move onto top end or open conditions, and for suspicion testing. Separately, annual prevalence testing was undertaken, when every prisoner admitted into custody, and every prisoner being liberated, was tested during this period. This information is published annually. Prisoners were tested within the MDT unit. A number of records were examined, with all paperwork being fully completed.

4.9 The systems and procedures for monitoring, supervising and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.

Rating: Generally acceptable performance.

Visits were offered daily with the uptake generally good. Both mainstream and protected prisoners were afforded the ability to take visits during the same session. Supervision in this area was positive, with protection prisoners seated towards the front of the hall and in sight of officers at all times. The interaction between staff and prisoners' visitors was professional and courteous and should be highlighted. Of particular note, were the family bonding sessions, which were well managed and supervised, allowing prisoners the opportunity to have a meal with their children in a more relaxed atmosphere.

During all movements out with the halls, prisoners would pass through a portal and may also be subject to a rub down search, or searched using a hand held wand. Prisoners with disabilities were observed to be searched appropriately and with decency and respect.

4.10 The procedures for monitoring the prison perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.

Rating: Satisfactory performance

HMP Perth had stringent security measures in place which were tested daily. The First Line Manager (front of house) and the First Line Manager (security) worked closely together, to ensure that robust process were in place for searching all individuals entering the prison, whether it is staff or visitors.

On entry, staffs outer clothing was passed through an x-ray machine, and they then walk through an alarmed magnetic portal. A random sample of staff will be requested to participate in a full search which was undertaken out of sight of others in a separate area, which preserves dignity. Prisoners' visitors undergo the same process, and they commented on the professional behaviour of staff.

Perimeter checks were carried out regularly throughout the day, and the Electronic Control Room continually monitored all areas of the prison. Vehicles entering and exiting the prison were searched in a systematic manner, with drivers being subject to the same search procedures as those walking into the prison. Mail is screened and searched in line with the SOP. Any mail deemed suspect is identified and marked accordingly.

Security staff reported that they were given a full briefing prior to commencing their shift, with the daily search expectations communicated. When there was any change to procedures, this was also discussed with the staff to ensure their understanding. Staff were observed to conduct their duties in a professional respectful manner during the week of the inspection.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters which affect them and are treated humanely and with understanding. If they have problems or feel threatened they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies which exercise statutory powers of complaints, investigation or supervision.

Quality Indicators

5.1 The prison reliably passes critical information between prisoners and their families.

Rating: Satisfactory performance

Throughout the inspection evidence was found that, in general, critical information was passed to prisoners and families timeously, with the required standard of dignity. Various case conferences were observed and whilst no family were present it was clear that the guidance had been followed and the offer was made. TTM case conferences were led by the FLM, who engaged and ensured the prisoner was involved in the decision making process within the multi-disciplinary group setting. Staff evidenced their knowledge of data protection issues and were able to talk through the process of breaking bad news to prisoners, demonstrating a commitment to sensitivity and compassion. Prison visitors spoke of a welcoming environment and engaging staff attitude, and it was evident there was a good atmosphere, knowledgeable staff and a welcoming attitude within the visit area.

5.2 Relationships between staff and prisoners are respectful. Staff challenge prisoners' unacceptable behaviour or attitudes and disrespectful language or behaviour is not tolerated.

Rating: Satisfactory performance

Many areas of the prison demonstrated positive staff/prisoner interactions, particularly within the work sheds. Prisoners who were present wanted to attend work and were keen and enthusiastic. Many prisoners were known to the staff as they had been in the prison on a number of previous occasions and staff knew them well and interactions reflected this understanding. There was evidence of compassion and professionalism demonstrated by staff, including the appropriate challenge of other agencies when a prisoner in their care was not receiving proper care and attention.

5.3 Prisoners' rights to confidentiality and privacy are respected by staff in their interactions.

Rating: Satisfactory performance

Staff acknowledged the requirement to offer privacy when required, and the use of interview rooms was observed in all areas of the prison. There appeared to be adequate space available. Inspectors did not witness or find any evidence of staff breaching confidentiality during the inspection. Prisoners reported that if they required assistance during lock up periods, staff promptly answered cell call buttons; and this was also evidenced during the inspection.

5.4 The environment in the prison is orderly and predictable with staff exercising authority in a legitimate manner.

Rating: Generally acceptable performance

Interactions between staff and prisoners were in general good and respectful, and the majority of prisoners were content to be located within HMP Perth. Inspectors found little written evidence of the daily regime; however prisoners and staff could in general demonstrate an understanding when asked. The timing of the route clearly had a major impact on the regime. Inspectors found the earliest completion to be approx. 10:20 due to the time it took issuing medication within the residential areas. Both prisoners and staff found this extremely frustrating due to the major impact it had on their ability to complete other tasks. The rostering of 12 hour shifts also had a huge impact on the regime, as 19 staff from across the three residential halls took a break between 10:45 and 12:00, which impacted greatly on the ability to complete other tasks or interact with prisoners. Inspectors found the residential areas on virtual lock down at this time, including untried prisoners.

Prisoners told us that there was little to no consultation on the regime, and only one PIAC minute could be found on noticeboards, which had been held during the last month. Staff could not provide further evidence of any other prisoner consultation meetings.

5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place. The systems for accessing such activities are equitable and allow for an element of personal choice.

Rating: Poor performance

As noted in QI 5.4, prisoners were not kept informed or consulted on events or changes to the regime, or involved in focus groups. The only PIAC the prison could evidence was on the lead up to the inspection. Cultural events were minimal and there were none organised or published. Evidence of E&D meetings was sparse with no obvious prisoner representation. Prisoners reported that they felt disempowered in the decision making processes. None spoken to were aware of the

common good fund and no information about it was found on any notice boards throughout the establishment.

The canteen sheet was in line with national policy, however again no evidence was found of prisoner consultation in relations to what was available from the canteen. Formal notice boards should be standardised as many had out of date information, and prisoner consultation throughout the inspection demonstrated a clear need for this information channel.

5.6 Prisoners have access to information necessary to safeguard themselves against mistreatment. This includes unimpeded access to statutory bodies, legal advice, the courts, state representatives and members of national or international parliaments.

Rating: Satisfactory performance

Complaints forms were generally freely available throughout the prison and accessible to all. It was noted that copies of The Rules were not readily accessible to prisoners and staff, in some of the residential areas could not access them when asked. It was noted that some staff were aware that the residential manager had access to a copy within their office should they be required.

Prisoners were consulted in RMT/ICM decisions, and were given copies of minutes where required.

As previously reported, reception procedures for admitting foreign nationals with little or no English were lacking. This situation was immediately referred to the establishment's management.

All statutory body visits are facilitated in line with procedure and staff within the visits area are aware of the necessary processes. Professional visitors spoken with informed inspectors that there was a formal process which appeared to work well, and a staff group who were polite and worked hard to accommodate them.

5.7 The prison complaints system works well.

Rating: Satisfactory performance

Complaint forms were readily available to all. Where a complaint was made there was evidence that the process had been adhered to and a fair and reasonable response had been recorded within timescales. Prisoners could appeal the process should they wish to, this was more evident within the long-term prisoner group. Where complaints had been escalated to Internal Complaints Committee, care was taken that an appropriate chair had been identified and that the decision was scrutinised by the Governor, in line with the policy.

5.8 The system for allowing prisoners to see an Independent Prison Monitor works well.

Rating: Generally acceptable performance.

Request forms, IPM noticeboards and request boxes were readily available to prisoners. However many prisoners, in particularly short term and untried were unaware of what an IPM was. IPM notice boards had one poster on them advertising the IPM role, however on consulting the prisoner group none were aware of the service provided. Also, no prisoners spoken to were aware of the Freephone number, this situation requires addressing and will need to be done jointly between HMIPS and the establishment. Inspectors observed the induction leaflet provided to prisoners is out of date and makes reference to Visiting Committees rather than IPMs. Staff were aware of IPMs and their role. They reported seeing IPMs out and about and dealing with requests, and reported a good working relationship, which was also evidenced by the IPM team member on site during the inspection. HMP Perth must take action to have the induction booklet updated.

HMIPS Standard 6

Purposeful Activity

All prisoners are encouraged to use their time in prison constructively. Positive family and community relationships are maintained. Prisoners are consulted in planning the activities offered.

The prison assists prisoners to use their time purposefully and constructively and provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. Prisoners are supported to maintain positive relationships with family and friends in the community. Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities. Prisoners' sentences are managed appropriately to prepare them for returning to their community.

Quality Indicators

6.1 There is an appropriate and sufficient range of good quality employment and training opportunities available to prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Generally acceptable performance

There was a suitable and sufficient range of employment activities available to prisoners overall. These included: a bike workshop; catering; ground maintenance and waste management; hairdressing; industrial cleaning; laundry; painting and decorating; pass duties; a tailor workshop; and timber assembly and machining.

Prisoner/staff relationships were positive and respectful and this created an appropriate and safe environment for working and learning. The quality of purposeful activities in work parties was of a good standard and most prisoners who participated in them were usefully engaged. However, in some work parties there was insufficient work to keep all of the prisoners fully engaged, resulting in some prisoners being returned to the halls. Prisoners on a protection regime were offered work on two work parties – tailoring and timber assembly. Prisoner involvement in the planning of work activities was limited.

In workshops, machinery, equipment and production, processes were of a high standard and prisoners working on machinery achieved good levels of competence. However, only a few of the employment activities included an opportunity for prisoners to undertake relevant industry-recognised vocational qualifications. These included British Institute of Cleaning Science and Velotech awards.

Overall, there was limited strategic overview in linking vocational and employability skills to local labour market needs that reflected the prisoner population. Skills gained by prisoners in workshops such as tailoring and timber assembly were unlikely to lead to future employment opportunities upon release.

6.2 Prisoners participate in the system by which paid work is applied for and allocated. The system reflects the individual needs of the prisoner and matches the systems used in the employment market, where possible.

Rating: Generally acceptable performance

The majority of prisoners were able to participate in an appropriate work party which took account of their needs and ability. Prisoners taking part in work parties were also able to attend education classes and gym sessions without it impacting negatively upon their wages.

Prisoners were allocated a work party through the prison's Labour Allocation Board, which made weekly decisions around work party vacancies and prisoner allocation. However, the allocation of employment was not sufficiently systematic and transparent. Work party officers would often request particular prisoners who they knew from previous experience would fit into their work party. As a consequence, the smooth running of the work party sometimes took precedent over the benefits to prisoners learning new skills which might enhance employment following release. Local arrangements for the allocation of prisoners were also evident, such as hall passmen being allocated by hall staff rather than the Labour Allocation Board deciding where the prisoner would be best placed. The views of prisoners were not always used routinely to inform the allocation process.

6.3 There is an appropriate and sufficient range of good quality educational activities available to the prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Satisfactory performance

Prisoners were provided with an appropriate and sufficient range of good quality educational opportunities. There was a wide range of subjects available, providing well for basic educational needs. Educational opportunities were provided for convicted and untried prisoners, with timetabled provision for prisoners on protection regimes. Educational opportunities were highlighted to all prisoners during the induction process.

Opportunities for more advanced provision were limited and the centre was considering how this might be extended. This currently limited progression to higher level programmes for prisoners who wished to extend their learning. Learning was delivered through a traditional model of 48 timetabled weekly classes as well as a range of well-regarded projects or short programmes.

The quality of provision was good, with much of the learning delivered to small groups or on an individual basis. The virtual learning platform, developed by Fife College for prison learning centres, provided a very wide range of almost 200 short online courses on a wide range of useful topics, such as food hygiene and safety. These were well regarded and well used by prisoners, often to support their vocational work assignments. In a typical week around 80 prisoners used the online learning facility. Learning centre staff had been delivering some useful core skills

work in partnership with vocational training staff, and this work, although limited, was effective and encouraged useful engagement in learning.

Attendance at most classes was low, with classes typically running with less than half of the scheduled prisoner number attending. In addition, classes were starting most days over an hour after the intended start time as a result of the consistently late movement of prisoners. Although this had little impact on the quality of provision for those attending, it did result in less learning taking place and useful opportunities for learning being missed.

The learning centre made good efforts to collect and use prisoner feedback through informal discussions, and more formally with focus groups and questionnaire responses. They tried to accommodate suggestions and ideas, and responded well to user feedback. Prisoners felt comfortable asking for support and making suggestions.

6.4 There is an appropriate and sufficient range of physical and health educational activities available to the prisoners and they are afforded access to participate in sporting or fitness activities relevant to a wide range of interests, needs and abilities. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Good performance

All prisoners were able to access good quality indoor and outdoor sport and fitness facilities. Prisoners had the opportunity to attend the sports and fitness centre up to three times per week. The centre contained a well-equipped exercise room with a suitable range of exercise and training equipment. Prisoners also made good use of an indoor games hall which was well used for activities such as badminton, short tennis and circuit training. An outdoor all-weather football pitch was also available for prisoner use. The sport and fitness centre facilities were available to prisoners during the day, in the evening and at weekends. Prisoners were also able to access a range of cardio equipment in small satellite gyms, located in each residential hall. All prisoners completed an induction prior to accessing the fitness equipment, supported by sport and fitness centre passmen who had achieved the Community and Sports Leadership award.

The team of PEIs had good positive relationships with prisoners, and this contributed strongly to the sports and leisure centre having a relaxed atmosphere, which encouraged prisoner participation in health and well-being activities. Prisoners were consulted regularly on what type of activities they prefer to engage with. Targeted classes, such as an over-40s session, were on offer to prisoners and these were better meeting the needs of more prisoners. A successful and longstanding “enhanced PE” class was attended, by around 30 prisoners, every weekday morning before work parties begin. To be eligible for this class, prisoners had to be drug-free and attend regularly to maintain their place on the class. The class was very popular with prisoners and had a waiting list.

Strong and effective working with external partners had resulted in sector-leading initiatives, such as the “Fit for Life” programme, being delivered regularly within the

centre. Community Sports Leader Award programmes were also delivered to around 30 prisoners each year, alongside fundraising activities for local charities. The award encouraged participating prisoners to take responsibility for others, developed organisational and communication skills and instilled confidence in prisoners for whom leading groups in sporting activities was a new experience.

6.5 Prisoners are afforded access to a library which is well-stocked with materials that take account of the cultural and religious backgrounds of the prisoner population.

Rating: Good performance

Prisoners had weekly access to a well-stocked library which had a wide range of useful resources. There were around 6,000 items available to prisoners, with a typical loan period of four weeks. Groups of around 15 prisoners at a time had access to the library for loans and advice during 30-minutes sessions. The library stock was appropriate, and included large print, audio books, material in different languages and a good balance of advanced and elementary reading materials. The provision was managed through an arrangement with Culture Perth and Kinross, the local authority provider. This ensured a good rotation of the stock, ready access to local library materials and inter-library loans, and links with organisations that may donate books or support reading.

The service provided to the prisoners was of a high quality, with good resources and committed professional advice being available. Many prisoners sought advice, looked for specialised reading, and used a wide range of materials. The loans and advice service was enhanced with a number of helpful additional features. Some books had a short anonymised review put on the front page by other prisoners, giving a summary of the story or topic. This was limited to a large post-it note size, but was helpful to prisoners reflecting on their reading or considering what to read next. A section of uplifting and supportive reading material, with texts on topics such as mindfulness, smoking cessation or addiction, was set out well and centrally located. Attention was also paid to specific cultural and linguistic needs. For example, recognising that Polish was a language now more readily used in the prison, a link was made with the Perth Polish Saturday School to obtain guidance on suitable texts to have for Polish readers.

The librarian and learning centre staff worked together well and jointly planned activities to encourage prisoner reading around initiatives, such as Book Week Scotland. Untried prisoners did not have access to the library service. A small number of donated books, located on trolleys and not subject to stock tracking and control, were made available to prisoners in the residential halls. In addition, untried prisoners who needed texts as part of their educational programmes were able to access books through the learning centre staff who liaised with the library.

6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer activities that are relevant to a wide range of interests and abilities. Prisoners are consulted on the range of activities and their participation is encouraged.

Rating: Generally acceptable performance

Many prisoners participated in a good range of cultural and recreational activities and events which made a positive contribution to prison life. Effective partnership working between prison staff and a range of national and local organisations resulted in various activities and events in which prisoners participated. Often opportunities for cultural activities reflected national themes and initiatives such as Book Week Scotland, Mental Health Awareness Week and World War I remembrance.

Within the learning centre, prisoners took part in art classes and music workshops. For example, Perth College final year music students, as part of a placement, were delivering a series of music and song writing workshops to prisoners, supported by learning centre staff. A number of prisoners also entered art items for the annual national Koestler Trust awards, in addition to displaying their completed work in the visitor centre. A group of prisoners were involved in the project, "Cell Block Science", an 8-week programme delivered by staff from the University of St Andrews and designed to educate and motivate prisoners using science as the vehicle.

In most vocational workshops, prisoners acted as informal peer tutors, supporting the vocational trainers as appropriate, and provided practical assistance to prisoners new to the programmes. In the learning centre, a few prisoners provided more formal peer support to other prisoners with their learning activities, both in the learning centre and in the residential halls. These peer-tutors had successfully completed a peer-tutor training programme which supported them well in this role.

"Andy's Man Club" was a successful initiative that has been run in the prison for nine months and was supported by two members of the PTI team. The club was a talking group and a place for men to come together in a safe environment to talk about issues they may have faced or were currently facing. It provided a platform for those attending to talk through and share any problems, and was a helpful aid to suicide prevention. On average, over 20 prisoners attended the weekly meetings and feedback from prisoners, staff and partner agencies was very positive.

6.7 All prisoners have the opportunity to take exercise for at least one hour in the open air every day. All reasonable steps are taken to ensure provision is made during inclement weather.

Rating: Generally acceptable performance

From the evidence provided, generally all prisoners had the opportunity to take daily exercise for at least an hour in the open air. At time of the inspection the overspill of protection prisoners located within C Hall informed inspectors that they did not always have this opportunity. Management should ensure that all prisoners have access to the open air for one hour each day. Provision was made for time in the

open air to be available in all seasons and during inclement weather by providing high visibility water proof jackets within the residential areas.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory performance

The chaplaincy team was made up of three team members practicing different religions; Roman Catholic, Church of Scotland, and Muslim faith, who participated in weekly religious services. Services and different initiatives were provided daily, and on observing one service it was clear there was an enthusiasm by all participating, including the guests from the church group hosting the event.

Every prisoner had the opportunity to attend religious services and evidence provided by the chaplaincy team demonstrated good participation. Inspectors observed a religious service on the Friday afternoon where there was 21 prisoners in attendance, and a service on the Sunday morning with nine in attendance. The chaplaincy team provided a variety of support and religious services within the prison.

6.9 The prison maximises the opportunities for prisoners to meet and interact with their families and friends. Additionally, opportunities for prisoners to interact with family members in a variety of parental and other roles are provided. The prison facilitates a free flow of communication between prisoners and their families to sustain ties.

Rating: Satisfactory performance

The visit room was clean, bright and spacious with a play area for children. There were 28 spaces available at any one time within the main visit hall, with an area also available for agents and a closed visit facility. There was also capacity for video link conferencing. There was a vending machine facility which was well stocked and open for every session.

Children's sessions run Monday to Friday from 16.30 to 17.30 with 12 spaces available, where a hot meal is provided for the families. This session was well received by the families spoken to during inspection. The sessions observed were well run and the atmosphere was relaxed, allowing father and child to bond throughout the session. Additional bonding sessions were available daily from 10.30 to 12.30. At the time of the inspection a children's visit survey was due for completion on the 29th May 2018. There was a family fun club running every Friday afternoon in the Education Centre between 13.45 and 16.00, giving families opportunities to participate in a variety of courses that run for fifty weeks of the year. The courses sampled include cooking, budgeting, and healthy eating. There was also evidence of seasonal parties taking place including, Halloween, Christmas, Easter and School events.

Details of visit arrangements and timings of visits were well publicised to prisoners and visitor, and were included in prisoner induction. Visits took place every day, including weekends, at a variety of different times including morning, afternoon and

evening. Prisoners with family who were travelling considerable distances could book double sessions and use of the video link facility.

Visit staff demonstrated a clear pride in their role, and the FCO was well signposted by the induction process and leaflets which are freely available to both prisoners and visitors. There were five FCOs in post at time of the inspection.

It is worth noting that there was a family strategy in place for the prison, however this had just been reinvigorated and refreshed as recently meetings had not taken place regularly. There was also a group for prisoners to support and feedback about the visits; however this had also just been reinvigorated.

6.10 Arrangements for admitting family members and friends into the prison are welcoming and offer appropriate support. The atmosphere in the visit room is friendly, and while effective measures are adopted to maintain security, supervision is unobtrusive.

Rating: Generally acceptable performance

All visitors observed were booked in appropriately and courtesy was shown. Staff involved in this process had a clear knowledge of systems and procedures, and answered any questions raised by visitors. Visitors reported that staff had treated them with respect and dignity. Throughout the course of the inspection all staff were polite, knowledgeable, understanding and ensured a high level of professional delivery.

Technology was utilised to scan visitors prior to entering the visit room. The process was applied fairly, but it was unclear why it was being deployed and it caused some unsettlement amongst those being tested. Management should review its use to satisfy themselves that it is delivering the desired outcomes.

The visitors waiting area in the prison was bright with ample seating for those attending the prison. The noticeboards were informative with a range of communication regarding policy and procedures. The prison visitors support and advice centre attached to the prison provided a warm and welcoming atmosphere. CrossReach worked with various organisations that supported a strategy that families could utilise. The centre had been open approximately 12 years and received approximately 500 visitors each month.

6.11 Where it is not possible for families to use the normal arrangements for visits, the prison is proactive in taking alternative steps to assist prisoners in sustaining family relationships.

Rating: Satisfactory performance

Accumulated visits, inter-prison visits and cross-border transfer applications were available in each residential area. They were managed effectively in line with SPS policy, and staff were knowledgeable about the processes. The email a prisoner scheme was in use, where a friend or family member can email a message which is

then relayed to the prisoner. During recreation periods prisoners could use the telephone on each landing to maintain contact with friends and family.

There was a prisoner's visits forum in operation, however the group had only met once in April 2018 with a further meeting scheduled for May 2018.

The FCO team were utilised throughout the establishment, providing support to residential areas. As a result they were able to follow up and deal with prisoner referrals at source on a daily basis. There were some really positive examples from organising visits, from supporting a visiting family during inclement weather, to the flexibility of staff to support the visit team during staff shortages. This area clearly worked well and interpersonal relationships between the visits group, prisoners and visitors were usually to a very high standard.

6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.

Rating: Satisfactory performance

Prisoners who were placed on closed visit restrictions were done so as per prison rules. Although unable to meet with their families and friends within the main open visit room, they are able to maintain contact by way of the closed visit booths. At the time of inspection there were three prisoners on closed visits. The process for closed visits was found to be consistent and staff spoken with were knowledgeable of the procedure and paperwork involved in this process. The paperwork was comprehensive and allowed the prisoner to put his representations through the closed visit review panel. The panel meets on the first Tuesday of the month. The meeting is normally chaired by the Head of Operations and includes representation from Intelligence and Visits. Members of the public who had been placed on restrictions or banned from the establishment were also reviewed through the same meeting and were informed by letter when the decision is made.

6.13 There is an appropriate and sufficient range of therapeutic treatment and cognitive development opportunities as well as an appropriate and sufficient range of social and relational skills training activities available to prisoners.

Rating: Generally acceptable performance

There were a range of treatment opportunities available within HMP Perth, provided by a combination of SPS, NHS and third sector staff. There was an appropriate range of opportunities provided to prisoners that included both group and 1-1 work. The prison offered the following offending behaviour programmes: Controlling Anger and Regulating Emotions (CARE), Constructs STIP (Short term interventions programme) and Pathways. These treatment needs were delivered by a team of six dedicated prison officers, one senior psychologist and two trainees. The personal officer scheme was working well for all convicted prisoners. Prisoners interviewed during focus groups were able to identify clearly who their personal officer was.

Other services offered to prisoners included Alcohol Awareness, Yoga, Mindfulness, Art therapist sessions, Health Fitness and Healthy Eating advice, Smoking Cessation and Substance misuse Advice driven by NHS and supported by staff. Across the prison it was clear there was a wide range of therapeutic treatment and cognitive opportunities available to prisoners.

6.14 The prison operates an individualised approach to effective prisoner case management, which takes account of critical dates for progression and release on parole or licence. Prisoners participate in decision making and procedures provide for family involvement where appropriate.

Rating: Generally acceptable performance

There were processes in place that afforded each prisoner the opportunity to have his case discussed, reviewed and amended if required. HMP Perth adhered to these standards and delivered the required processes: ICM case conferences, Generic Programme Assessment (GPA) (followed by the Programme Case Management Board) and Risk Management Team Meetings, all of which had relevant minutes that were shared appropriately.

Where appropriate action plans were generated the prison had in place both ICM and MAPPA case co-ordinators, as well as OLR case managers and an Early Release Liaison/ Lifer Liaison Officer who ensured that prisoners serving a life sentence had someone to manage their case for them.

At the time of the inspection there were 33 prisoners on the GPA waiting list. The Head of Psychology had put a robust action plan in place to address this issue over the coming months. The establishment was on target to meet the agreed SPS yearly target of programme delivery including Constructs, CARE and Pathways. The Prison Based Social Work (PBSW) manager and their team were fulfilling their responsibilities to plan for statutory release, and there was reasonable attendance of PBSW at ICM case conferences. Family attendance at ICM case conferences was really positive.

The prison operated a robust Home Detention Curfew (HDC) process in line with policy. The HDC team were well versed on the relevant protocols and had an administration process in place that supported full compliance. Statistics showed that at the time of the inspection there were 30 cases that had successfully progressed to release on licence.

It is worthy of comment that the time it was taking to complete the morning medication round and the impact that was having upon the route movement was having a considerable impact on the establishments ability to deliver all relevant training and courses.

6.15 Systems and procedures used to identify prisoners for release or periods of leave are implemented fairly and effectively, observing the implementation of risk management measures such as Orders for Lifelong Restriction and Multi Agency Public Protection Arrangements.

Rating: Satisfactory performance

At the time of the inspection there were four OLR and 88 MAPPA prisoners being managed at HMP Perth. It was clear that, where there was a necessity, specialist and 1-1 interventions took place. Every prisoner had an individual plan tailored to suit their treatment needs. Similarly, for those subject to MAPPA conditions the prison had a thorough case management process in place. Relationships between prison staff and relevant community based personnel appeared to be of a very high standard. It was also clear that this applied to PBSW and prison staff who clearly demonstrated a professional and interactive working relationship.

HMIPS Standard 7

Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

The prison is active in supporting prisoners for returning successfully to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.

Quality Indicators

7.1 Government agencies, private and third sector services are facilitated to work together to prepare a jointly agreed release plan, and ensure continuity of support to meet the community integration needs of each prisoner.

Rating: Satisfactory performance

A long established Link Centre was well used by a wide range of partner agencies, which enabled regular and routine access to support services for all categories of prisoners. Multiple partner agencies were either based within or visited the Link Centre during the course of the inspection. All spoke positively about the level of prisoner engagement, SPS commitment to partnership working and ease of communication between the prison and the community.

A structured timetable of induction sessions, including an amended input for recall prisoners, helped to ensure prisoners were aware of how to maintain contact with important sources of support and how to access services, as well as understanding the relevant multi-agency release planning processes. For STPs, this included a multi-agency pre-release meeting to agree integration plans and to co-ordinate activities upon release. Coherent protocols and guidance encouraged staff to capitalise on any opportunity to promote positive engagement, and support desistance along with an ability to refer to any service, at any point, during a prisoner's sentence. For these processes to be most effective there was a need for all prison staff, not only those new to post, to have a working knowledge of throughcare services.

7.2 Where there is a statutory duty on any agency to supervise a prisoner after release, all reasonable steps are taken to ensure this happens in accordance with relevant legislation and guidance.

Rating: Good performance

The ICM process was well established and operated according to guidance. Robust oversight and governance was provided by an experienced FLM, who ensured practice was legally compliant and met with expected timescales. Having the ICM co-ordinators co-located alongside their parole and HDC colleagues was viewed as

a strength. Routine auditing by SPS enabled feedback on performance which supported continuous improvement.

The ICM co-ordinators were highly motivated to deliver an effective and efficient service. Positively, there had been an opportunity to attend MAPPA meetings in the community, which helped them appreciate the importance of their role and their contribution to shared public protection responsibilities. By visiting the family centre, displaying information during visits and within residential halls, ICM co-ordinators were pro-actively promoting and encouraging the inclusion of families within ICM case conferences, viewing them as an important source of potential support during the prisoner's sentence and upon release. ICM minutes were made available to prisoners, with translated versions produced for prisoners for whom English is a second language. Overall attendance at ICMs by personal officers was good. However the quality of reports provided was mixed. With a significant number of new staff in post and a number of FLMS in acting up posts, the need for regular training had been recognised.

Attendance by Prison and Community Based Social Work was very good, and central to ensuring plans for post-release supervision were compliant with legislation, and relevant National Outcomes and Standards. A pre-meeting template had recently been introduced by PBSW with a view to reaching consensus on risk assessment decisions.

7.3 Where prisoners have been engaged in development or treatment programmes during their sentence, the prison takes appropriate action to enable them to continue or reinforce the programme on their return to the community.

Rating: Satisfactory performance

Overall, the programmes on offer met the identified needs of the majority of the prison population, by promoting self-efficacy and supporting desistance from offending upon release.

There was a clear focus on supporting recovery within the prison, which extended into the community, enabling motivated individuals to maintain contact with important sources of support upon release. Andy's Man Club met weekly within HMP Perth, with support available in the community through regular meetings at local football grounds in Perth and Dundee, as well as access to informative social media pages for those in other or rural areas. Positively, former prisoners returned to the prison in a mentor role to support the work of the programme.

For prisoners undergoing treatment for drug and/or alcohol dependencies during their sentence, transitional arrangements were in place to support prescribing along with strong links to services for Blood Borne Viruses. The provision of 12 week medical certificates upon release was viewed as useful as it removed barriers, effectively enabling individuals to secure medication, access a GP and renew benefit claims. Support for harm reduction approaches was less evident, with no consistent

approach to raising awareness of risk of accidental overdose, or provision of Naloxone for prisoners preparing for release.

7.4 All prisoners have the opportunity to contribute to a co-ordinated plan which prepares them for release and addresses their specific community integration needs and requirements.

Rating: Satisfactory performance

Coherent processes were in place which contributed to all prisoners having an opportunity to contribute to a co-ordinated Community Integration Plan (CIP). Detailed guidance was available to staff to encourage the meaningful involvement of STPs in sentence and release planning. Staff were reminded to make use of the Criminal Justice Social Work Report prepared by CBSWs, where available, in order to identify and anticipate future support needs as part of the assessment process. For STPs involved with the STP ICM process, a multi-agency pre-release interview four weeks prior to release helped to agree the final CIP. For individuals granted HDC the meeting was scheduled to take place prior to release.

New Routes is the national public social partnership (PSP) mentoring service, offering support to men up to the age of 26 returning from prison to the Tayside area. Release plans for men over the age of 25 were co-ordinated by TSOs. Gate collections, internet access to claim benefits, support to attend appointments with housing and health, as well as accessing food and clothing were all immediate priorities upon release.

Release planning for LTPs and men convicted of sexual offences was co-ordinated within the ICM process. Prison and Community Based Social Workers played a central role in identifying and agreeing actions and sources of support which contribute to successful community reintegration. Crucially they also ensured prisoners understood their release conditions and any specific restrictions. There was clear evidence of community social workers offering constructive challenge, which helped test whether CIPs were suitably robust, and whether the prisoner was motivated to comply upon release.

LTPs being released at their sentence expiry date did not have access to statutory social work supervision or the TSO service. They were therefore signposted to the voluntary throughcare support services available from Community Justice Social Work in their respective communities.

7.5 Where the prison offers any services to prisoners after their release, those services are well planned and effectively supervised.

Rating: Good performance

There was clear line management responsibility and oversight of the TSO service, with officers welcoming the opportunity to work collaboratively. The post release support offered by the four experienced and committed TSOs was highly valued by service users. TSOs were often working with the most vulnerable and marginalised prisoners, many of whom had enduring issues related to substance misuse and

mental health as well as limited literacy. Service users were often returning to complex and chaotic lives in the community and required intensive, sometimes daily support in order to effectively address their needs and difficulties.

Upon release service users were often anxious and overwhelmed by the multitude of tasks to be completed. These difficulties were compounded when faced with hostility or judgemental attitudes when trying to access support. Being treated with dignity and respect encouraged and enabled service users to form positive relationships with the TSOs and use the support available to help achieve their identified goals. This also included TSOs advocating on behalf of service users when required. Overall TSOs adopted an empowering approach with a view to service users being enabled to achieve positive long term outcomes.

During the RMT process there was good representation from services. Psychology played an important role in ensuring decisions were evidence based and proportionate to the risks posed. NHS staff were present but there was scope to have more input from Mental Health where relevant.

HMIPS Standard 8

Organisational Effectiveness

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

Staff understand how their work contributes directly to the achievement of the prison's priorities. The prison management team shows leadership in deploying its resources effectively to achieve improved performance. It ensures that staff have the skills necessary to perform their roles well. All staff work well with others in the prison and with agencies which provide services to prisoners. The prison works collaboratively and professionally with other prisons and other criminal justice organisations.

Quality Indicators

8.1 The prison's Equality and Diversity (E&D) Strategy meets the legal requirements of all groups of prisoners, including those with protected characteristics. Staff understand and play an active role in implementing the Strategy.

Rating: Poor performance

It was disappointing to note that HMP Perth had not developed an E&D strategy or an E&D action plan. Without such infrastructure, it was hard to see how strong leadership could be exercised in this area. There was a lack of comprehensive plans to support prisoners who were vulnerable, marginalised or who had protected characteristics.

No prisoners had been involved in the development of E&D policies, nor had any attended the prison's E&D meetings. There had only been one E&D meeting held in the last 12 months. While information about the eight SPS Equality Outcomes was available, no attempts had been made to implement these for HMP Perth. Staff awareness of E&D issues was low.

During the inspection, it was clear that interpreter services were rarely accessed. A number of foreign national prisoners with a poor grasp of English had not been offered the support of this service.

8.2 Appropriate action has been taken in response to recommendations of oversight and scrutiny authorities that have reported on the performance of the prison.

Rating: Satisfactory performance

There was evidence that HMP Perth actively supported the work of the Independent Prison Monitors and responded constructively to their quarterly meetings and reports.

There were regular audits conducted by SPS personnel, to which HMP Perth responded appropriately.

HMP Perth had responded to the previous inspection by HMIPS in December 2014 with the creation of a detailed action plan. The only matter of on-going concern relates to the issue of the small cells in A and B Hall that continue to house two prisoners.

8.3 The prison successfully implements plans to improve performance against these Standards, and the management team make regular and effective use of information to do so. Management give clear leadership and communicate the prison's priorities effectively.

Rating: Generally acceptable performance

The management team at HMP Perth regularly held Business Meetings to review progress against the prison's Annual Delivery Plan. Performance reports were produced to inform the team of particular issues which required attention. An Action Plan Tracker provided information to enable progress to be monitored.

A number of meetings which might have been expected to involve staff had not taken place for some time, such as the Family Strategy Group, PIACs or the E&D Strategy Group.

There was some understanding amongst the staff of the purpose and direction for the prison, but this was not clearly articulated in a readily accessible form. There was an awareness of the SPS programme to professionalise the role of the prison officer, but staff did not have a clear idea of what this might mean for their own future.

8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison, and are trained to fulfil the requirements of their role. Succession and development training plans are in place.

Rating: Generally acceptable performance

The majority of staff at HMP Perth were well motivated and committed to providing a professional service. They had a good understanding of their respective roles and had the necessary knowledge to perform their function effectively. There was a high level of 'acting-up' from C Band to D Band officers, which limited the experience and confidence at this level.

There was a comprehensive staff training plan, with the target of 95 per cent for core training being regularly exceeded. There were limited opportunities for further development or professional training. Staff in specialist roles had received adequate training to enable them to perform satisfactorily. However, there was a lack of training in human rights and E&D, particularly in relation to how they impact on the prisoners at HMP Perth. For key specialist posts, there was evidence of some succession planning in place, but staff were not aware of how the system operated.

8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.

Rating: Generally acceptable performance

Staff at HMP Perth took pride in their work and were motivated to improving how the prison was run. There was a reasonable understanding of the functions of other staff groups and a commitment to work well together.

There was a constructive working relationship between the management team and the Partnership Liaison Representatives, which assisted in the development of new policies and procedures. There had been changes in the management team relatively recently, which had impacted on continuity of leadership.

The main area where there was scope for improving the understanding of different staff groups related to the provision of healthcare, particularly where this had an impact on the daily operation of the prison. The dispensing of daily supervised medication was having a significant impact on the operational regime at HMP Perth, but there did not seem to be a shared understanding of the problem, nor a united approach to resolving the resulting operational challenges. HMP Perth would benefit from a greater level of understanding of the roles of SPS and NHS staff and the pressures they are facing.

8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.

Rating: Satisfactory performance

Many staff in HMP Perth felt that their work was valued and that they were able to make a difference in the prison. The appraisal system was working adequately, with a satisfactory completion rate.

A process was in place to identify members of staff who were worthy for meritorious awards, either at a local level or through a number of national schemes. A Development Reward and Recognition Committee considered nominations for awards and decided on the appropriate level of recognition. Local recognition events were held in the prison, hosted by the Governor in Charge. In 2018, two members of staff received awards from the Butler Trust, attending the presentation ceremony in London in March 2018.

A Performance Improvement Policy had recently replaced the Charter for Help, and was designed to address members of staff who were underperforming or behaving inappropriately. The grievance procedure had been reviewed recently to create a more streamlined process.

Levels of sickness absence had risen recently and were above the SPS average level. These were being monitored closely by the management team.

8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.

Rating: Satisfactory performance

There were numerous examples of HMP Perth working well with other organisations responsible for providing services for prisoners, both during their sentence and on liberation.

The Throughcare Support Officers provided an excellent service and were well connected with service providers in the community. There were good links with housing providers in the main local authority areas which dealt with the prison; Perth and Kinross, City of Dundee, Angus and Fife. Documentation from the prison was provided for prisoners being liberated to enable them to confirm their identity for the purpose of opening bank accounts.

There was a good working relationship with the Department of Work and Pensions staff, who were able to support prisoners by setting up email accounts to enable them to apply for Universal Credit. Similarly, a number of third sector organisations provided valuable support to prisoners both before and after liberation.

Greater continuity in the provision of healthcare services in the community for those leaving prison would be beneficial.

HMP Perth had developed good working relationships with other prisons in Scotland and with SPS headquarters. The Governor in Charge was an active participant in a number of partnerships across Tayside which tackled offending and addictions at a strategic level.

8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media.

Rating: Satisfactory performance

HMP Perth regularly provided news about the prison and its activities to local news outlets. There was good engagement with local community groups and organisations.

The chaplaincy had led a number of positive initiatives in the prison which included links to local churches. One of these courses, Journey to Freedom was delivered in conjunction with the YMCA and received positive reporting in the national media.

HMIPS Standard 9

Health and Wellbeing

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

Quality Indicators

9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.

Rating: Generally Acceptable Performance

Prisoners were screened on admission by a Registered Nurse within the Substance Misuse Team. Present and past medical health is discussed, prescriptions, if possible, are confirmed, and their weight, blood pressure and pulse are checked. Inspectors were told that all nurses who undertook the reception screening are trained in the TTM Strategy. Prisoners were not routinely screened for opiate withdrawal.

Patient group directions were not used during the reception process to help supply or administer medicines to patients. This meant nursing staff would phone the on-call GP to discuss a prescription and if appropriate this would be faxed to the Health Centre. This is an area for improvement. Health screening information was recorded on the patient's Vision records, however, on reviewing patient's Vision records inspectors were concerned that there was not always a consistent and timely approach to sharing key information with other health colleagues across the prison. Inspectors saw examples where although prisoners with physical health needs were being identified promptly at reception this information was not shared and discussed with the appropriate members of the health team. This is an area for improvement.

All prisoners were issued with an information pack explaining the role of the substance misuse team and a descriptor of substance misuse services offered at HMP Perth. This is good practice but inspectors were concerned to see that some of the information was difficult to read: contact numbers were missing due to being poorly photocopied. Information on how to access services was not given to prisoners. Inspectors were told that a general leaflet in an easy read format was being developed and would be given out to all new admissions. However this would not be available in other languages. The room used for the initial health screening ensured that prisoner's dignity and confidentiality was maintained. Inspectors observed that the patients were fully involved in their health screening with consent being sought. Patients were not asked if they had any literacy issues. On discussion with staff it was clear that there were processes and procedures in place for assessing and responding if a patient was not fit to be in custody.

9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.

Rating: Poor

During the inspection we were told that there was a four week wait for prisoners to get a routine appointment with a GP. GP's in HMP Perth saw all new admissions and transfers 24 hours after admission. The Partnership was considering other options of care for admissions and transfers such as developing an advanced nurse practitioner post. This would mean that not all patients would be required to see a GP on admission or transfer which would support a more targeted approach to GP resources and allow services to be used more efficiently.

On reviewing patient's clinical notes inspectors had concerns around the variation and detail of information that was being recorded onto the Vision records. One patient's record for a recent admission did not adequately describe his physical health needs, patient with long-term health needs was not seen by a GP within 24 hours of admission. This was an area for improvement.

There was not a robust system for identifying patients with long-term conditions. Inspectors were told that some were picked up 'opportunistically' during GP appointments or from the GP summaries. This was an area for improvement.

The majority of patients spoken with agreed that changes to their prescriptions were discussed with them prior to the changes being made. The pharmacist also undertook medication reviews for those who were prescribed a number of medications. This was good practice.

The self-referral process requires patients to ask for the appropriate referral forms from SPS officers in the majority of areas within the prison. Inspectors were told by senior healthcare managers that forms were routinely put into the halls for prisoners to access. This is an area for improvement.

Locked boxes were available in each hall to leave completed referral forms. Envelopes were not readily available to patients in the SRU to place completed forms. The referral forms were not suitable for those with literacy difficulties or difficulty reading and writing in English. In these instances inspectors were told that other prisoners could be asked to complete the form for the prisoner. These processes breach patient confidentiality. This is an area for improvement. The administration team informed patients by letter of any appointments held at the Health Centre. This is good practice.

Limited health promotion information was available to prisoners in the halls. Most halls had a poster giving the date when Scottish prisons would become smoke-free. Inspectors did not note any smoking cessation posters in the halls.

Patients received verbal information about how to access healthcare prisoner induction sessions. However inspectors were not assured that prisoners for whom English was not their first language would fully understand the information.

Although a telephone interpretation service was available for healthcare staff to access during consultations inspectors were concerned that it was not being used when appropriate. Translation services should be used wherever patients with little or no English are being assessed or cared for.

Occupational therapy and physiotherapy assessments can be beneficial in identifying social care needs for prisoners requiring cell-functional assessments. The provision of social care is currently the responsibility of the SPS and at present there is no local agreement with the Health and Social Care Partnership to attend the establishment to undertake these assessments. This meant that SPS arranged private occupational health assessments for patients who required a specialist assessment and intervention from these specialities. Inspectors were told that there could be delays in arranging these assessments. Use of these speciality assessments promote independence and maximise patient safety. This is an area for improvement.

During the inspection inspectors identified some instances where patients' health and care needs were not being met, and in some cases this was over a significant period of time. The Partnership was therefore asked to undertake a review of these patients to ensure that they were receiving the right care, treatment and equipment to meet their specific health needs. One example of this was a patient with significant physical health needs who required specialist equipment to support their needs. This equipment had not been made available for the patient, there had been delays in obtaining the right equipment and there were safety issues with some of the current equipment. This was unacceptable.

Given the concerns raised HMIPS and HIS inspectors took the following actions:

- Asked the Partnership to provide assurance that patients with physical healthcare needs in HMP Perth were being identified and appropriate care had been put in place.
- HIS inspectors then returned to HMP Perth on 31 May 2018 for two days to assess progress made following the concerns raised during the original inspection.
- Asked the Partnership to provide an improvement action plan to address the issues highlighted one week following the return visit.
- Requested an update of this document one month following our revisit.
Informed the partnership that we would be returning to the prison in six and 18 months to assess progress.

The processes in place to respond to breathing (code blue) and bleeding (code red) emergencies were embedded in practice. The equipment taken to these emergencies was appropriately stored in emergency bags which were checked and signed-off each week, and after each emergency. Nursing staff told inspectors that radio talk was to be kept to a minimum during an emergency so as not to distract the staff involved, however inspectors were told this was not reliably the case.

9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.

Rating: Generally Acceptable Performance

Prisoners were able to access national screening and immunisation programmes within the prison and information was displayed for the influenza immunisation programme.

The provision of Naloxone on liberation was poor. Information about the benefits of Naloxone did not appear to be promoted as common practice. There was no evidence of peer involvement through group work or 1 to 1 naloxone sessions. Inspectors did not see posters or leaflets in locations frequented by prisoners explaining how to respond to an overdose situation. During the period of 2017/18 only 21 Naloxone kits were issued. This is an area for improvement.

Patients could access treatment for BBV quickly and healthcare staff were highly skilled at offering support and interventions. This was an area of good practice. The healthcare staff we spoke with were aware of the need to increase the numbers of patients being BBV tested. For those patients who were Hepatitis C positive, access to treatment was swift, with patients starting medication within one month.

The prison substance misuse team and BBV managed care network had built and maintained a strong relationship. Effective communication was evident and resulted in concrete interventions. The delivery of healthcare to prisoners was considered a priority. This is an area of good practice.

Patients had good access to treatment via an in-reach service. In response to the number of patients requiring treatment, plans to implement an opt-out service were underway. This was an area of good practice.

Inspectors did not see posters about condom availability. They did note that there was a box to tick on the general healthcare self-referral form for prisoners who required condoms.

Scottish prisons will become smoke-free on 30 November 2018. Smoking cessation services were provided by healthcare staff and supported by NHS Tayside public health department. Published data showed that in 2017, 138 prisoners registered for, and were enrolled onto this programme. Of these, only two reported being smoke-free at 12 weeks to the public health department. Some prisoners said that they were not well supported to stop smoking. NHS Tayside's Public Health department provided some funding to move to a pharmacy-based service. A test of change was carried out and further work is ongoing with Public Health services to improve outcomes.

Further funding is to be made available soon for the employment of some dedicated smoking-cessation staff, who will be supported by healthcare staff currently running these services. The prompt availability of nicotine replacement products when registering for the programme may improve the success rate, as currently there can

be delays in accessing them. Prisoners said they would like more help from people in the prison with their attempts to stop smoking. The Public Health Programme Manager also suggested that peer support groups may be helpful.

9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.

Rating: Generally Acceptable Performance

In all interactions observed between healthcare staff and patients, patients were treated fairly and in a non-discriminatory and empowering way. Inspectors looked at some patient records, including care plans and found that they reflected patients being encouraged to be responsible for their care with the support of healthcare staff. However, a small number of patients who had significant long-term physical challenges were not empowered to be independent due to lack of joint case management approach by health services and SPS in regard to their physical needs.

The length of stay of these patients varied from a number of days to a number of years. This is an area for improvement.

Staff had a good understanding of the health inequalities faced by their patients. They were aware of barriers faced by prisoners when accessing healthcare in prison and adapted their approach in these circumstances. Most patients described having a positive relationship with healthcare.

9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Poor performance

There was an acknowledgement from the MHT that they were not delivering a comprehensive range of interventions and treatment to their patients in HMP Perth. This was also the case for the primary care team and substance misuse team. The team was seen to be motivated, caring and committed to delivering safe and person-centred care. We were told and observed that the actual clinical time to see patients, access supervision, training and development of the service was extremely limited due to the need to support core services, such as medication administration, attending TTM case conferences and providing a seven day service. This is an area for improvement.

The MHT did not have in place a standardised and validated assessment tool or a risk assessment tool. On discussion with the team lead and senior managers it was recognised that this was a weakness. The team was taking steps to address this by adapting NHS Tayside community validated mental health tools for use within the prison. Inspectors were also told that plans were in place for the mental health and learning disability services in Tayside to move over to EMIS, an electronic clinical recording system, and prisoner healthcare would be included in this move (along with using VISION). This would mean that the patient's assessment, their care and treatments plans would follow them on their journey and would be available to the

clinical team caring for them at any given moment in time. This is good practice and would facilitate person-centred care and treatment.

Patients were fully involved in their assessment and had the opportunity to discuss the purpose and outcome of their assessment. However, not all patients on the mental health caseload had a written personalised care plan or regular dates scheduled to discuss and review their care. Inspectors were told that the time available to actively follow up on patients was limited. In some cases this resulted in prisoners, who were allocated a mental health nurse for treatment, being seen on an irregular basis, with nursing staff fitting in visits when time permitted. This was an area for improvement.

We were told that patients verbally received information on any interventions and treatments being offered, and had the risks and benefits of these discussed with them during one-to-one interviews.

The MHT had a clearly identified clinical lead and the team consisted of a range of professionals from health, including a consultant psychiatrist, a forensic psychologist and the clinical nursing team. Timetabled weekly meetings were scheduled to discuss allocation of referrals, current assessments and reviews. There were pathways and local arrangements in place within NHS Tayside for those patients who required access to specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment.

At the time of the inspection liaison and joint working with substance misuse services and primary care in cases with co-morbidities was limited. Although referrals were passed on to the substance misuse team following the MHT meeting as no one from the substance misuse team attends the meeting there was little opportunity to discuss, review or co-manage co-morbidity patients. This meant that there could be duplication in assessments and delays in accessing treatments. This was an area for improvement.

The mental health nurses demonstrated significant clinical knowledge, enthusiasm and compassion for the care of prisoners, but they were not trained to offer psychological evidence-based interventions. This was an area for improvement. At the time of the inspection the MHT were unable to deliver a full range of treatments or therapies appropriate to the prison population. A training plan had been developed to up-skill the mental health nurses to deliver low level psychological therapies, but again due to the competing demands of the service it was proving difficult for staff to access this training. This was an area for improvement.

A consultant psychiatrist held a weekly clinic and could be contacted for advice concerning urgent referrals. The psychiatrist had a four week waiting time for a routine appointment. This was a strength. When admission to a psychiatric unit was indicated arrangements were made to transfer prisoners. This could be to a low secure environment (intensive psychiatric care unit), medium or high secure environment, determined by the level of illness and offence. Inspectors were told that there were no current delays in accessing medium secure beds.

During the inspection the waiting times for a routine mental health assessment could be up to four weeks. Inspectors were told that if the written information in the referral

indicated that there was an urgent need to see the patient then they would be seen sooner. The urgency of the self-referral was assessed only by what was written on the form by the patient and there was no direct discussion with the patient about their referral to ascertain and assess whether the patient would be considered urgent. There was no consideration given as to whether the patient could articulate their symptoms on the referral form. This was an area for improvement.

Patients told us that they were frustrated at the lack of information given to them on the progress of their referral. Waiting times were displayed on boards in the waiting rooms but the information was not found to be accurate. Inspectors were told that an easy read process map detailing what happened to referrals when they come into the MHT was being developed to support prisoners understand the journey of their referral and when they would be seen.

Where community follow-up after liberation was required a referral was made to the relevant community mental health service and patients were kept informed of their planned care follow liberation. Patients were also given a GP10 prescription for some medications on liberation. If clinically indicated they could be given up to a three month Statement of Fitness for Work to enable them to engage in treatment with the clinical team on liberation. This is an area of good practice.

9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Unacceptable performance

This QI has been graded as unacceptable due to the following significant issues found during inspection.

As discussed in QIs 9.1 and 9.2 documentation completed by the nurse in the reception area when a prisoner was admitted to the prison had variations in the information and level of detail that was documented.

Apart from BBV clinics, long-term condition clinics such as asthma, CHD or diabetic clinics were not available to patients in the prison. At present two link nurses were in place, one for diabetes and one for palliative care. A diabetic care pathway was in place which promoted independence and self-care. Senior staff told us that the current workload for primary care nurses had prevented staff accessing external training and experience to become link nurses for other long-term conditions, which was an area for improvement. As described in QIs 9.5 and 9.7, the demands of medicine administration had prevented HMP Perth from delivering a comprehensive range of interventions and treatments to their patients.

Inspectors saw some care plans for patients with enhanced care needs. The patient's needs were assessed using a secondary care hospital-based record which was not ideal for primary care prison assessments. Some treatment tools were not available to enable the assessment to be completed. Inspectors were told that patient interactions for enhanced care were documented in Vision as 'see paper copy' but this was not the case in the records reviewed. The care plans were kept in

hard-copy and were not scanned onto the patient's electronic health record (Docman) until the care episode was complete. This meant that staff accessing the patient records for those with long-term conditions would not know the full details of care being provided. This was a risk. It also meant that the patient record on Vision for patients with enhanced care needs would not be chronological. It was also noted that podiatry and wound care notes were kept in hard-copy.

Inspectors spoke to one patient who described himself as illiterate. His admission record did not show evidence of the medicines contract being read out to him but had a line for his signature on the form. On another form his name appeared in the signature box but inspectors were not assured that he wrote it. He also received unsupervised medications in-possession but inspectors were not assured that he could read what the medicines were or the instructions to take them. This was reported to senior staff.

As described in QI 9.5 patients were given a GP10 prescription for some medications on liberation and if clinically indicated were given a three month Statement of Fitness for Work to enable them to engage in treatment with the clinical team on liberation.

The action HMIPS and HIS inspectors took following actions in response to the concerns are detailed earlier in the report.

9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Poor performance

Those requiring support with drug and alcohol dependence were identified during their initial health screening and health assessment. However as discussed in QI 9.1 the withdrawal status of prisoners was not routinely assessed during their initial health screening and health assessment.

All prisoners testing positive for opiates, reporting use and reporting/displaying withdrawal symptoms would be given a dihydrocodeine detox, sometimes irrespective of their presenting symptoms and always irrespective of their preferred treatment option. This is an area for improvement.

The substance misuse team could access a psychiatrist and a Pharmacist if required. A weekly meeting to discuss the allocation of referrals occurred which comprised of a member of the administration team, a substance misuse nurse and case worker. Inspectors did not observe referrals, assessments or reviews being discussed at this meeting. All referrals to the substance misuse team would be initially referred to a case worker for a full assessment. Despite acknowledgment at that meeting they would then have to be referred to a substance misuse nurse for treatment. The current waiting time for new arrivals to be assessed was a minimum of five to six weeks. When the individual was seen by the nurse they were asked to maintain a drug diary for a further two weeks and provide opiate positive urine tests before they commenced Methadone. This was not reflective of what would happen in the community, and seemed to add to the already long delay in starting treatment. This is an area for improvement.

As described in QIs 9.5 and 9.6, due to the competing demands to support core services such as medication administration, training and development or improvements to the service was extremely limited.

As discussed in QI 9.1, if a prisoner's community prescription had not been confirmed when they entered prison they received appropriate clinical treatment the following afternoon.

Methadone was the first line Opiate Replacement Therapy (ORT) offered to patients. Buprenorphine was not offered as a choice for patients looking to start ORT within the prison unless a specific clinical need had been assessed by a consultant psychiatrist.

On reviewing clinical notes on Vision, inspectors identified that there was insufficient information recorded to inform care and treatment about prisoner's use of illicit drugs, including current dosage, preferred administration, duration of effect, and cost. This was particularly true for Novel Psychoactive Substances (NPS) and Buprenorphine. This was an area for improvement.

The casework team adopted a 'recovery based' approach with little focus on harm reduction. There was no evidence of safer injecting information or the provision of foil as an alternative. The use of foils is not supported by the SPS within a prison setting. The prison should adopt a more balanced approach between recovery and harm reduction.

A SMART recovery programme and drop in café was available to prisoners. This was delivered by highly motivated staff and supported by community volunteers/peers. This was an area of good practice.

Buprenorphine was given in tablet form by a supplementary prescriber. Staff needed to observe the individual until the tablet had absorbed. This was seen as a time consuming process. The prison was exploring alternative methods for administration of medication such as automated model/pre-prepared medication and were considering a review of how they administered Buprenorphine.

Inspectors were told that robust processes for reviewing patients on the substance misuse team caseload regularly were not in place. Inspectors were told that staff would try and review individuals every three months with reviews tailored to individual need. This was an area for improvement.

As reported in QI 9.5, there was little evidence of joint working and assessment between the mental health team and addictions team.

There was no formal standardised discharge planning tool in place to ensure that the relevant services in the community received information about an individual being released from prison. Staff did not routinely contact an individual's GP especially if they were short term prisoners. Staff would phone or complete a standard form along with a letter to the community addictions team. If the individual had been in prison for more than eight weeks they may ask for a further assessment of their needs.

Pre-liberation meetings only took place between individuals with addiction support needs and the addictions team. As described in QI 9.5, on liberation patients were given a GP10 prescription for some medications and if clinically indicated, a three month Statement of Fitness for Work to enable them to engage in treatment with the clinical team on liberation.

9.8 There is a comprehensive medical and pharmacy service delivered by the service.

Rating: Poor performance

Although we were impressed by the pharmacy team and the many improvements and positive developments the team has introduced following the last inspection in 2014, we have graded this quality indicator a poor. This is based on our concerns regarding patient safety following observation of the processes for administering supervised medicines to patients in the SRU Unit and for the impact of the current process for administering supervised medicines to patients in the halls.

Since the last inspection NHS Tayside had significantly invested in improving and developing pharmacy services in HMP Perth. The pharmacy team was found to be well organised, with a clear focus on providing a comprehensive and community equivalent service to their patients. A specialist clinical pharmacist post had been created and additional support staff had been recruited to support the service.

As a result of this, we saw evidence of improvements in the service including; re-organisation of the dispensing of in-possession weekly medications to stagger the days across the estate, plans to replace the current weekly prescriptions of low tariff medications such as aspirin and omeprazole to reduce the workload further of the clinical team, improved processes with Lloyds Pharmacy to resolve errors related to pharmacy orders, improvements in the process for patients to re-order their in-possession medications, the introduction of a weekly pain clinic with the successful introduction of a TENS machines as a non-pharmacological alternative for patients, restricting access to the pharmacy which was located in the reception area of the Health Centre, and the introduction of poly-pharmacy reviews for patients (reviewing and consolidating prescribed medication). Inspectors were told that the multi-disciplinary healthcare team and Scottish Prison Service had been awarded the Community Justice Award in NHS Tayside in recognition for their achievements in relation to the improvement work around medication spot checks.

The team had weekly medication/pharmacy MDT meetings to discuss pharmacy/medication management issues. A main focus of this meeting was to discuss the requests by SPS for the NHS to carry out spot medication checks of in-possession medication if they have suspicions that an individual is misusing/diverting their medication. The individual received a copy of the SPS request for spot check. The inspection team was advised that random medication checks were to be commenced following the inspection.

Prisoners are required to sign an in-possession medication contract. If the prisoner had literacy issues this was read out to the prisoner to ensure they understood, and another member of staff witnessed the verbal explanation and signature by staff.

There did not appear to be a process for follow up reviews or assessments to make sure that individuals were taking in-possession medication correctly. This is an area for improvement.

Although inspectors were impressed with the development within the pharmacy team and we could see substantial progress and change, they had significant concerns regarding the impact of the current process for administering supervised medicines to patients in the halls. A hospital model of healthcare had been adopted as opposed to a primary and community approach. Six qualified nurses administered supervised medications each morning. On C Hall, time taken to administer the supervised medication was hampered by prisoners still being locked in their cells, and being let out to come to the medicines hatch one at a time. Inspectors saw the process as onerous and time-consuming for staff, taking up to three hours each morning. This had a significant impact on the whole prison regime. It also caused problems with drug medication cards being available for the start of GP clinics. Staff due to start clinics in the morning could have their start time severely delayed, leading to patient appointments being cancelled. This was an area for improvement.

Increasing the number of unsupervised medications given to patients to have 'in-possession' and reducing poly-pharmacy had reduced the number of directly supervised medications to be administered each day. Patients said that when changes were made to their prescriptions, these were usually discussed with them in advance, which was good practice.

As part of the inspection process, inspectors reviewed the Datix reports (incident reports) for medication adverse events. They were concerned that the impact documented about some errors did not reflect the risk, and the grading of the overall risk also did not appear to be correct in a number of cases. This is an area for improvement.

All medication was stored appropriately in the Health Centre. Medicines were safely transported between the Health Centre and the halls. Staff adhered to national guidance when administering medication in the halls. However, staff did not follow professional and national guidance when administering medication in the SRU, which was a significant concern. This was immediately raised with senior managers in the healthcare team and they took immediate action to address this. Nursing staff observing all patients taking their medication to prevent or minimise the risk of medication concealment.

9.9 Support and advice is provided to maintain and maximise individuals' oral health.

Rating: Satisfactory performance

The dental services available to prisoners complied with current national guidance in relation to waiting times. A full dental provision was available to convicted patients while an emergency service was available to those on remand. Patients were encouraged with oral health care by the dentist and dental hygienist. There was no provision of 'mouth matters' health promotion work for oral healthcare. This was a

missed opportunity to work with prisoners to enable them to actively care for their own oral health.

The dental treatment room was fit for purpose and in a good state of repair. The clinical wash hand basin was not compliant with current guidance. All reusable patient equipment was visibly clean. All instruments were appropriately stored.

Inspectors were told that all used dental instruments were decontaminated off site in an approved facility in line with best practice.

9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Not Applicable

There were no female prisoners in HMP Perth.

9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.

Rating: Generally acceptable performance

Palliative and end-of-life care needs were assessed using a hospital-based enhanced care tool. Although the tool considered all activities of daily living it was not suitable for a primary care setting. Staff liaised with the Macmillan palliative care co-ordinator for prisons about the care and management of palliative patients. This involved the use of the supportive and palliative care indicators tool (SPICT-4ALL), and the supportive and palliative care register.

Palliative patients were referred to palliative care services in the community and secondary care, including the palliative care consultant, for guidance and advice on the medications to be prescribed. The use of anticipatory care plans to record the wishes patients have for their care as their illness progresses were not currently used. Inspectors looked at the enhanced care plans for one palliative patient and found that it was appropriate for the needs of the patient at that time. Palliative care patients requiring urgent medical assistance were rapidly transferred to secondary care.

9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Poor performance

On admission or transfer to the prison an assessment of the risk of self-harm or suicide was made following the SPS Prevention of Suicide in Prisons TTM Strategy. During the inspection inspectors observed the process and pathways, and followed

the care for those prisoners who were on the TTM Strategy. NHS and prison staff worked collaboratively to identify, support and review those at risk of self-harm or suicide. All TTM case conferences were attended by the mental health nurse. While observing the TTM process, prison officers and the mental health nurse were seen to be compassionate and respectful to the prisoner, whilst demonstrating knowledge and skills in the area of mental distress and subsequent risk. The prisoner was fully involved in their case conference and had the opportunity to discuss the purpose and outcome of their case conference. Staff actively encouraged the prisoner's family and/or carers to participate in the case conference if appropriate. Having said that on reviewing the prisons TTM audits, inspectors found instances when not all stages of the TTM Strategy were being followed correctly. This included occasions when the nurse met with, and reviewed the patient after the case conference had taken place, rather than before, and prisoners who had returned from court with a change of circumstances were not reviewed by a member of the clinical team. This was immediately escalated to the Partnership and the Governor.

As detailed in QI 9.5, the MHT did not have in place a standardised and validated assessment tool or a risk assessment tool, this was an area for improvement.

9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.

Rating: Generally acceptable performance

The healthcare team in HMP Perth had a clear and transparent process to share feedback and comments with patients. The patients spoken to knew how to make a formal complaint and give feedback. On visiting the halls inspectors observed that feedback, comments and complaint forms were accessible and easy to use. HMP Perth informed inspectors about the introduction of 'how are we doing' questionnaire for patients. This was an area of good practice.

Complaints were recorded in line with best practice and were not recorded in the prisoner record to safeguard confidentiality. Inspectors were satisfied that complaints were managed in line with the Partnership's policy and were managed in accordance with relevant data protection legislation and confidentiality protocols.

Inspectors were concerned that the Health Centre was not always adhering to response timeframes with some responses to complaints breaching response times. Inspectors were told that the volume of complaints meant it was difficult for staff to respond within the required response times.

Members of the clinical nursing team responded to complaints even though they had not received training in complaints handling. The Health Centre co-ordinator had responsibility for managing all complaints about healthcare and the healthcare team regularly discussed complaints to share learning, identify themes or where improvements could be made.

9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.

Rating: Generally acceptable performance

Staff were able to explain the boundaries between professional and ethical issues. Healthcare staff were aware of the demands of delivering healthcare within the prison setting and the requirement for security. Regular meetings were held with prison management to discuss any issues, review incidents and to improve practice. Staff were clear in their duty to pass on any intelligence that may compromise the health and wellbeing of the prisoner or the safe running of the prison.

Systems and processes were in place to ensure healthcare staff made appropriate notifications in cases where there could be possible physical or psychological harm to prisoners. If a prisoner wished to report sick they could see a member of the nursing team. Healthcare managers told us that as this was not always the best use of clinical staff time discussions were ongoing nationally with SPS to review this practice.

The health records for patients were mainly paper based and records were stored securely within the Health Centre. The Health Centre had dedicated administrative staff to manage records and ensure the safe and secure transfer of them. There was a good system for tracking the movement of records on admission, transfer and release. Drug Kardex's were in paper format and were transferred with the prisoner. Kardex's when discontinued were scanned onto docman (an electronic document management, workflow and transfer software for primary, secondary and social healthcare organisations). Any paper case notes were also transferred.

Referrals were made by telephone or on paper which was different to referrals from out with the prison environment. The GP was unable to use the NHS electronic referral system to arrange specialist input which was an area for improvement. This was due to access restrictions and IT technical issues. The response was then sent through the postal system to the Health Centre administration staff. Health Centre staff should have equivalent IT access as practitioners have outside the prison.

The clinic teams raised the time spent on administrative duties and the impact this had on the team's available clinic time as an issue. Some examples included the need for nursing staff to take minutes for meetings, write letters and send appointments. This was an area for improvement. Inspectors were told that there was no capacity in the administrative team to support the clinical teams with administrative duties.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Satisfactory performance

Inspectors looked at compliance with standard infection control precautions, infection control procedures, audits and staff training. All areas looked at in the Health

Centre, including consulting rooms, treatment rooms, dental room and podiatry room were clean and in a good state of repair. The Partnership is meeting this indicator.

9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.

Rating: Poor performance

Inspectors were told that there were processes in place to regularly review staff competency, training needs and staff skill-mix to ensure the delivery of safe, effective and person-centred care. Although there were areas of strength which had a positive impact in workforce planning, inspectors were concerned that some processes and pathways were not being followed. The clinical nursing team was not able to receive the most appropriate training, access supervision and was not always working to their banding to enable them to deliver safe, effective and person-centred care.

Senior managers told us that at times it had been extremely challenging maintaining a stable workforce. They described the impact on providing structured leadership during a recent six month period when several senior staff had been absent from work due to sickness. Inspectors were told that the workforce turnover rates had reduced from 13.5% to 8% and sickness absence had improved in line with NHS Tayside sickness rates.

Inspectors were told that workforce planning was regarded as a critical element to the clinical leadership teams' role. A workforce plan had been developed for 2017-2019, and we were told that this was being implemented in a phased approach. Phase 1 had led to the recruitment of a clinical leadership team, including clinical lead GP and specialist clinical pharmacist. There had also been additional posts created to support the delivery of services such as; full pharmacy team with a seven day model, forensic psychologist, Health Centre Co-ordinator, Health Centre assistants and a receptionist; NHS Tayside told us that they had agreed a nursing workforce model, resulting in an increased number of charge nurse and health care support worker posts.

The second phase was to move to a seven day model for all nursing teams which had now been completed. Senior managers told us that they were also in initial discussions with Scottish Ambulance Service around the opportunity for paramedic specialist practitioners to support the clinical team, and to respond to emergencies. Inspectors were told that the immediate impact of all nursing disciplines now working across the seven day week was the improved service available to patients. However, inspectors clearly heard from the clinical teams that this had resulted in staff vacancies and an increased workload each day for staff on-duty. It was observed that it also reduced the time available for the clinical team to provide specialist intervention and support relevant to their patients. This was an area for improvement.

Induction workbooks were provided to new staff and they were supported to work through these and gain the experience and competencies required to work in the

prison setting. Again inspectors were concerned to hear that basic systems and processes had not been explained to new staff. For example, inspectors were told by some clinical staff that they did not have access to docman.

The majority of mandatory learning was delivered via e-learning and internal training and was available to staff. Inspectors were told and observed that the current workload prevented nurses from being released for external training and development. Two members of the primary care team had not received their mandatory TTM training. Neither of these staff would be involved in undertaking reception assessments but were not assured that they would not be involved in patient care where a TTM discussion or assessment may be required. This was an area for improvement.

NHS Tayside had changed the electronic system they used to document staffs' personal development plans, appraisal, performance reviews and personal objectives from e-KSF to TURAS. Staff had not yet been trained on the use of this new system. Inspectors were shown printed versions of personal objectives on which staff would document their progress until they were familiar with TURAS.

Inspectors observed patient safety huddles taking place in the stairwell of the Health Centre. These meetings were used to pass on information about patients, for example, who were on the TTM Strategy. The patient safety huddle notice board was located in the stairwell. For most of the week of our inspection, this notice board had the initials of patients who were; not for active resuscitation (where this was agreed with the patient and documented in their record), inpatients in hospital and on the TTM Strategy. One morning, inspectors found the prison 'night report' taped to the huddle notice board showing full names of the above patients. This form was removed by inspectors. A number of staff accessed this stairwell each day including SPS operational staff.

The huddle process may breach patient confidentiality if information continued to be shared when staff, who do not need to know this information, access the stairwell during the meeting. The use of the huddle noticeboard to record personal patient details breaches patient confidentiality. This was an area for improvement.

The Partnership stated that weekly multi-disciplinary team meetings 'had been established in recognition of the importance of a whole team approach to managing risk and planning person-centred care'. Staff told us that the multi-disciplinary team meetings, which they felt were beneficial, were not taking place due to staff shortages and the need to cover and provide core services.

Inspectors were told that the senior charge nurse assessed the competency of primary care team staff by reviewing clinical documents, shadowing clinics and working alongside staff and that staff received line-management and clinical supervision. On reviewing patients' clinical records on Vision we found that the quality of some of the information contained within the records was poor. We would expect the senior charge nurse to identify this issue while reviewing the clinical records as part of assuring staff competency. This was an area for improvement.

The MHT did not receive clinical supervision and this was identified as a weakness within the team. Inspectors were told that active measures were being pursued to ensure the team received clinical supervision.

Inspectors were concerned that the substance misuse team had little to no access for training: staff who had been in post for a year had not received any formal substance misuse training nor was any future training planned. Inspectors were also told that line management supervision was frequently cancelled in order to prioritise basic cover for the service.

Inspectors were frequently told that senior staff were pulled away from their roles to support the nursing team cover core duties. This limited the time available to focus on service development. It was also a concern to hear that the team leads for the substance misuse team and mental health team could not provide an accurate figure on the case load their team managed. This was an area for improvement.

9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.

Rating: Generally acceptable performance

A Patient Safety Collaborative group has been set up to work in collaboration with SPS to resolve common issues including a reduction in medication adverse events, drug-related deaths and emergency code red and code blue calls. Inspectors saw evidence where the collaborative had been successful in improving patient care, but they did not see improvement when considering the problems associated with morning medication administration. The Inspectors noted that the process for medicines administration had been identified as a risk on the prison risk register. Inspectors were told that following discussions with the healthcare team and SPS a decision was taken to focus on the weekly supply of prisoners' medications as this was seen as the greatest joint priority.

Senior staff were aware that medical emergencies within the prison caused significant stress to staff. This was mitigated somewhat by support and debriefs put in place following such events. As discussed in QI 9.16, senior managers were considering the use of advanced paramedic practitioners. These staff would provide a number of services, including clinical assessment, minor illness assessments and first response to emergencies.

Senior staff were aware of the challenges around the provision of GP cover for the prison, and were looking at a hybrid GP role between the GP role in the prison, out-of-hours care and community practice. Consideration was also being given to developing the advanced nurse practitioner role. Senior staff had support for this approach and were putting together a role development framework.

NHS staff within the prison used Datix as their adverse events reporting system. Inspectors were provided with data from Datix for the past 12 months for medication adverse events. On reviewing this data inspectors were concerned that in a number

of cases, the impact and overall risk rating for some of these events were not reflective of the risks. One patient was mistakenly given on week's supply of his medication which he reported taking on one day. The medication in question can have effects on the patient's heart if taken in high doses. The impact of this event was deemed to be 'negligible' and graded as 'low'. Another patient received a dose of opiate replacement medication which was 20 times that prescribed. Again the impact was described to be 'negligible' and graded as 'low'. Senior managers told us that the grading of these events was in line with the NHS Tayside Adverse Event Management Policy.

Staff told Inspectors that they used the Datix system to raise concerns following an event. Staff told inspectors that they could also use SBARs which are routinely used throughout the NHS in Scotland, to communicate concerns to managers. SBAR is a communication tool where the situation, background, assessment and recommendation are identified and documented ready to be communicated to others.

Staff within the focus groups described a range of methods used to provide feedback about healthcare such as; patients speaking directly with nurses in the halls or clinic; SPS officers speaking with staff and feedback following group work sessions. Senior healthcare managers described the head of nursing and team leader walk round as a method to obtain patient feedback.

Inspectors observed that 'complaint/feedback' forms were available in the halls. Some patients spoke about recording complaints using these forms. We were also informed about plans to introduce 'how are we doing' questionnaires for patients in HMP Perth. This would be good practice.

HMP Perth

Prison population profile as at 14 May 2018

Status	Number of prisoners	%
Untried Male Adults	151	23
Untried Female Adults	0	0
Untried Male Young Offenders	0	0
Untried Female Young Offenders	0	0
Sentenced Male Adults	470	71
Sentenced Female Adults	0	0
Sentenced Male Young Offenders	0	0
Sentence Female Young Offenders	0	0
Recalled Life Prisoners	14	2
Convicted Prisoners Awaiting Sentencing	28	4
Prisoners Awaiting Deportation	0	0
Under 16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	35	5
Sentence		
Untried/ Remand	179	27
0 – 1 month	4	1
1 – 2 months	2	0
2 – 3 months	1	0
3 – 4 months	11	2
4 – 5 months	6	1
5 – 6 months	17	3
6 months to less than 12 months	55	8
12 months to less than 2 years	95	14
2 years to less than 4 years	137	21
4 years to less than 10 years	99	15
10 years and over (not life)	12	2
Life	41	6
Order for Lifelong Restriction (OLR)	4	1
Age		
Minimum age:	21	n/a
Under 21 years	0	0
21 years to 29 years	197	30
30 years to 39 years	273	42
40 years to 49 years	115	18
50 years to 59 years	52	8
60 years to 69 years	18	3
70 years plus	3	0
Maximum age:	82	n/a
Total number of prisoners	658	

Inspection Team

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Acronyms

CARE	Controlling Anger Regulating Emotions
CBSW	Community Based Social Work
CIP	Community Integration Plan
CSRA	Cell Sharing Risk Assessment
C&R	Control and Restraint
E&D	Equality and Diversity
ECR	Electronic Control Room
FCO	Family Contact Officer
FLM	First Line Manager
FNIC	First Night in Custody
GPA	Generic Programme Assessment
HDC	Home Detention Curfew
ICC	Internal Complaints Committee
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IPM	Independent Prison Monitor
LTP	Long-term Prisoner
MAPPA	Multi-Agency Public Protection Arrangements
MFMC	Moving Forward More Changes
OLR	Order for Lifelong Restriction
PBSW	Prison-Based Social Worker
PEI	Physical Education Instructor
PIAC	Prisoner Information Action Committee
PR2	Prisoner Record System – version 2
PSP	Public Social Partnership
PTI	Physical Training Instructor
RMT	Risk Management Team
RRA	Reception Risk Assessment
RRMC	Refusal to Return to Mainstream
SOP	Standard Operating Procedure
SQA	Scottish Qualifications Authority

SRU	Separation and Reintegration Unit
STIP	Short-term Intervention Programme
STP	Short-term Prisoners
TSO	Throughcare Support Officer
TTM	Talk to Me

Double Occupancy Cells and A and B Hall



Safer Cell in A and B Hall



Safer Cell in C Hall

