

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP YOI POLMONT

26-27 August 2020

Inspecting and Monitoring
<https://www.prisonsinspectoratescotland.gov.uk/>

DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY

Introduction

This report is part of a programme of liaison visits of prisons to be carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) during the COVID-19 pandemic emergency and was conducted under HMIPS's new, albeit temporary, [Liaison Visits Framework for Prisons and Court Custody Units published in April 2020](#).

Background Information

The adapted inspection methodology incorporated into the design of the prison liaison visits, will contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies; known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of several bodies making up the NPM in the UK.

Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre-defined set of Standards. These Standards are set out in the document [Standards for Inspecting and Monitoring Prisons in Scotland](#).

Process

Prior to undertaking a liaison visit, HMIPS will undertake a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the Governor-in-Charge (GIC). As this was a one day visit, core elements of each of the nine Standards as set out in HMIPS's [Standards for Inspecting and Monitoring Prisons in Scotland](#) will be reflected in the COVID-19 commentary and are designed to provide information to prisoners, prison staff, and the wider community on the areas that have been looked at during the course of a liaison visit.

These liaison visit reports will also provide assurance to Ministers and the wider public that scrutiny of the treatment and conditions in which prisoners are held has been continued during the pandemic.

The findings of these liaison visits will be reported to the appropriate bodies for information and action and published on our website.



REPORT ON A LIAISON VISIT TO HMP YOI POLMONT UNDERTAKEN ON WEDNESDAY, 26 AUGUST AND THURSDAY, 27 AUGUST 2020

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC.

HMP YOI Polmont was selected based on the HMIPS prison risk algorithm results over the past few weeks, the need to visit all prisons over time and in particular to look at the prison response with young people (YP).

On entering HMP YOI Polmont, HMIPS met with the GIC and the point of contact for the day.

The GIC provided some useful contextual information about the way HMP YOI Polmont had responded to the challenges posed by COVID in line with advice from SPS HQ and Scottish Government, along with some helpful statistical data on staff absentee rates, etc. The GIC emphasised how much she had appreciated the constructive way her staff had responded to these challenges.

On the day of our visit the prison came across as very calm and orderly, with a regime that was restricted but safe. The prison was working hard to provide more opportunities and reduce restrictions in line with the SPS recovery plan, although it was not clear yet when a full regime would be available to everyone. There was no specific impact assessment on the application of restrictions to YP or women but the GIC made it clear that she recognised the potential impact and had worked with her team to assess the risks and overcome the detrimental effects as far as possible.

The publication of this report has been delayed due to the festive season break and additional COVID restrictions coming into force. This report therefore is from a period of eased COVID restrictions.

Overall findings of visit under Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality (PANEL) principles

In terms of the PANEL principles:

Participation. Similar to other prisons during lockdown, HMP YOI Polmont has been following advice from Health Protection Scotland (HPS) and was running an extremely limited regime, but there were attempts to ease this with an increase in time in fresh air and the numbers engaging in work and education. As a national facility, the introduction of in-cell telephony and virtual visits technology had greatly increased participation with family and friends, particularly where there is a lengthy travel involved. In-cell telephony and virtual visit technology was of particular benefit to those whose families live abroad, where time and expense inhibits face-to-face visiting. The reintroduction of face-to-face visits, under Scottish Government (SG) guidelines, is also a welcome return to a more normal environment for Scotland and should radically improve participation in family life. Although monthly community engagement

meetings had been cancelled, there were examples of user groups and forums being held.

Accountability. Similar to other visits, the prison management team and staff were aware of their responsibilities regarding adult and children's human rights, balancing that against their responsibility for adhering to HPS guidelines to protect the population and staff. HMP YOI Polmont had clear evidence of the decision making process through their pandemic task/decision log. For example, this documented the rationale when prisoners' rights with regards to access to fresh air had been limited from 60 minutes to 30 minutes at the start of the pandemic. Other entries, such as the change in wages and PPC, also reflected national guidelines. This document, along with updated documents regarding a phased return, gave a clear indication of HMP YOI Polmont's intention to progress towards a more normal regime. Although the prison had endeavoured to continue with pre-parole and pre-release ICMs, a backlog of other categories of ICMs, Generic Programmes Assessments, and Programme Case Management Boards needs to be addressed. HMP YOI Polmont have assured HMIPS that plans are in place to address this issue. This will be followed-up in future visits.

Non-discrimination and equality. Due to time constraints, the inspection team did not have time to fully assess this area thoroughly and will do so at the next full inspection. However, inspectors spoke to prisoners who had been on Talk to Me (TTM) who had stated that they had been fairly treated. It was pleasing to note that HMP YOI Polmont had translated a number of documents into foreign languages to reflect their population and that the translation line had been utilised. For those who found reading difficult, the posters, instructing how to keep safe and hygienic by use of illustration, were helpful. HMIPS would like to see this example of good practice being translated and circulated to all prisons. Reflecting on equality and fairness for all, and the different times currently available to access fresh air and recreation, HMIPS would urge HMP YOI Polmont to adjust times so that the YP have the same access as the women. It was commendable that as a result of HMP YOI Polmont successfully challenging the initial proposals of SPS HQ on eligibility, 26 YP and women went on to benefit from the early release scheme.

Prisoners and some staff reported there had been a spike in racist abuse during the pandemic, notably around the time of the Black Lives Matter protests, but where this was reported, it was felt it was addressed.

Empowerment. As the restrictions continue within the SPS it is difficult to empower prisoners particularly when they spend so much of their day locked up in their cell. This remains a concern for HMIPS. Although Pre-Parole and Pre-Release ICMs were still continuing the remaining ICM categories, Generic Programme Assessments and Programme Case Management Boards were suffering backlogs. Plans were in place to restart these in September. However, the team responsible for co-ordinating ICM and other progression activity was currently carrying three vacancies out of a complement of 10, raising concern in terms of capacity to manage the workload and address the backlog. Prisoners across the prison reported frustrations with the closure of programmes,

especially where it could impact on parole decisions. HMIPS would urge SPS to rapidly address progression to overcome the implications of COVID-19. The dependence on programmes to determine risk reduction must be addressed.

Legality. Although under the current COVID-19 guidelines there is a tension between the rights set out under Article 3 of the European Convention on Human Rights and the restrictions having to be imposed, it was pleasing to see HMP YOI Polmont easing restrictions. For example, access to fresh air had recently increased to one hour in line with pre COVID-19 rules, and education and work parties were being reintroduced.

A full list of Action Points and Good Practice from this report can be found at Annex A; and Annex B lists all acronyms used in this report.



COVID-19 commentary

1. COVID-19 updates: HMIPS seeks to understand any issues, challenges or good practice from the impact of COVID-19 that includes testing and tracing, numbers of prisoners tested positive for COVID-19 and the regime for those shielding, isolating or being isolated.

Visit findings

The GIC briefing at the start of the day explained how national and local command structures had been implemented to address the COVID-19 challenges and the establishment response had therefore been informed by national guidance as well as useful sharing of information with other GICs.

The local HMP YOI Polmont COVID-19 response group continue to meet three times a week to assess and respond to COVID-19 risks, with representation from all interests:

- Residential
- Operations
- Estates
- NHS
- Offender Outcomes
- Prison Liaison Representative

The GIC was confident that the risk assessments conducted were comprehensive, guided by local considerations in terms of the particular risks and vulnerabilities of YP and women, and that Standard Operating Procedures (SOPs) all took account of COVID-19 guidelines. Particular attention had been paid to local considerations.

A separate Moving Forward Framework Group meets weekly to oversee implementation of the local Recovery Plan, which is similarly informed and guided by decisions taken by SPS HQ on when establishments can seek to lift restrictions and reintroduce regime activities. The prison had maintained a focus on the Young People's Strategy and Women's Strategy in the development of their own local plan.

Up to the time of our visit there had been only three COVID-19 cases amongst the prison population, confirming that the steps taken by the establishment to curtail the spread of the virus had been highly effective.

Similarly, only three staff had tested positive for COVID-19. Tragically, one of these, a long serving and well respected member of staff who was thought to have acquired the infection outside the establishment, had sadly died. This had been deeply upsetting for the whole establishment. It had, however, reinforced the importance of following protocols to reduce COVID-19 risks.

The GIC highlighted to inspectors a number of individuals whose contribution during the pandemic she believed had been exceptional, and emphasised her belief that the

resilience, partnership working, and shared common purpose throughout the establishment had been a real strength.

We welcome the introduction of Health and Wellbeing helplines into each flat of every residential hall and the Separation and Reintegration Unit (SRU) to allow YP and women to conduct confidential calls with support agencies such as Barnardo's Scotland, and Committed to Ending Abuse (better known as CEA). This has resulted in follow-up one-to-one sessions with Youth Work staff, now that they have resumed working on-site.

Good Practice 1: the introduction of Health and Wellbeing helplines into each flat of every residential hall to allow young people and women to conduct confidential calls with support agencies

COVID-19 commentary

2. Staff absence: we will seek to understand the SPS/NHS staff absence numbers and their impact (some of this information is supplied by SPS HQ on a daily basis).

Visit findings

At the start of the pandemic there had been over 100 COVID-19 related absences amongst staff, and the GIC was delighted that, as a result of following good HR processes on contacting staff who were absent, they had been successful in reducing COVID-19 related absences down to only three at the time of our visit. Alongside this, non-COVID-19 staff absences stood at 36 when we visited. This was slightly higher than normal, but cumulatively still a very significant improvement from the start of the pandemic.



HMIPS Standard 1 - Lawful and Transparent Use of Custody

The prison complies with administrative and procedural requirements of the law and takes appropriate action in response to the findings and recommendations of official bodies that exercise supervisory jurisdiction over it.

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. The prison co-operates fully with agencies which have powers to investigate matters in prison.

COVID-19 commentary

3. Social distancing: we will check how social distancing is being managed in areas such as dining halls, recreation, reception, time in the fresh air, and especially admissions and cell sharing. This will also include looking at preventative measures being enacted, such as screening on admission and liberation. We are particularly interested in the measures to mitigate the detrimental effects of social isolation or quarantine.

Visit findings

On entering HMP YOI Polmont it was similar to other prisons visited recently where social distancing (SD) was taken seriously. The area was clean and staff well versed in instructing those entering the prison to be vigilant and to wear the appropriate personal protective equipment (PPE). SD markers and notices were on display, a trend seen throughout the prison during our visit. Following the recent introduction of GMA 035-20 – guidance on Face Masks, we were asked to don a mask before entering the prison. On entering the briefing room, markers were displayed on the floor indicating where to sit to adhere to the SD guidance. Office doors indicated the number of persons able to enter and markers on the floors indicated two metres or the direction you should follow. However, inspectors reported that in some areas the signage could be clearer, for example in the visits room. HMP YOI Polmont on feedback responded that additional signage had been ordered and until such times it arrived staff would continue to guide visitors when in the room.

Staff appeared to be conscious of the two metre guideline but, with the introduction of GMA 035-20 instructing staff and visitors to wear masks, inspectors observed that this allowed for staff to engage more fully with prisoners and visitors with less worry on encroaching within two metres. Staff were aware that the wearing of masks did not negate the adherence to the two metre rule where possible, and posters were visible reminding staff and visitors of this.

Two staff at HMP YOI Polmont had recently been on a face mask fitting course. Staff working in the COVID-19 isolation areas were the first to undertake the fitting process. This was then extended to operations staff who conducted escorts.

Similar to other LV's, the residential areas were operating as household bubbles. In these situations, SD is not required between the prisoners. Prisoners said that SD

was being used to separate friendship groups however staff refuted this and we could find no evidence to support the allegation. The system for SD in house groups was similar to other prisons where these groups were identified by the section they lived in rather than the friendships they had in other areas. Staff did report that as lockdown eases there would be more opportunity for friendship groups to reform.

The Health and Safety (H&S) co-ordinator was interviewed by inspectors and evidenced a comprehensive suite of safe systems of work (SSOW) documents available on SharePoint. These SSOW were updated when required with the latest update including the use of masks by staff. Walkthroughs were carried out by the H&S co-ordinator with staff in a number of settings such as the COVID-19 areas, visits, and egress and access to the prison to ensure practices and processes would work and are complied with. **This was good practice.**

Good Practice 2: walkthroughs were carried out by the H&S co-ordinator with staff in a number of settings such as the COVID-19 areas, visits, and egress and access to the prison to ensure practices and processes would work and are complied with.

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.

COVID-19 commentary

4. Meals: we will check if meals are of good quality, whether there is an appropriate choice in particular on religious grounds, and that food hygiene standards and dietary needs of prisoners are adhered to.

The kitchen was well run, and the kitchen manager had a full understanding of the needs and concerns of the prisoners. Prisoners had mixed views on the standard of food, but the meals observed were of a good size, and appeared fresh and appetising. Women prisoners were particularly disparaging about the meal choices, and felt it was aimed at the men, with too many options being carb heavy. The kitchen manager explained that where healthier options were included, the women still did not necessarily choose these. Quarterly Food Focus Groups are held with the prisoners, and minutes of these were stored, which demonstrated prisoners' views and action being taken. Hall pantries were clean and the prisoners working in them were clear on their responsibilities. HMP YOI Polmont had introduced a food theme night at the request of the YP and Women. This was similar to other prisons, although other prisons had introduced a greater range of theme nights. HMIPS would encourage further theme nights as prisoners reported that it was something to look forward to.

5. Regimes: we will look to obtain detail of the continuation of daily regimes, including access to showers where there are no in-cell shower facilities, access to time in the fresh air and access to family contact.

Visit findings

HMP YOI Polmont has three residential areas. Monro and Iona for YP and Blair for adult women and those women who were under 21. Each residential area has a regime plan. Blair Hall has in-cell showers with a regime similar to that of the YP. Regime plans were available to scrutinise and during the visit it was observed that YP and women were noted as being out of their cells. Access to fresh air is noted in QI 13 but the time allocated was adhered to during the visit. YP had access to showers and the communal phone during recreation. Forty-five minutes, with as many as 20 prisoners out at the same time, did not afford a lot of time for social engagement if phone calls and showers were taken. However, it was noted, although not observed, that the regime plan does offer extra time for this if

requested. Those out on work parties were offered a shower on return from their activity. Although the prison has some complex issues around different cohorts of the population and a lack of areas for organising multiple sessions of fresh air, there appeared to be some latitude to extend recreation and/or fresh air for YP. For example, inspectors noted that where there are no YP on punishment (that is, off recreation) then staff time can be reallocated to support wider access to recreation or fresh air.

Prisoners on Monro 3 previously had access to a washing machine, but this was stopped due to COVID-19 and has yet not been reinstated.

Action Point 1: HMP YOI Polmont should consider offering more food choices for the prisoners than the minimum required by SPS.



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.

COVID-19 commentary

6. Talk to Me live cases: we will check that there is an appropriate and ongoing process in place for people subject to Talk to Me procedures and prisoners and staff are using referral systems.

In both the women and young male population, TTM numbers had decreased in the early part of lockdown compared with previous months, with the lowest numbers recorded in May of 16 on TTM (14 male young people and two women). Numbers had risen in June and July in both groups. At the time of the LV, eight prisoners were on TTM (seven male YP and one female Under 21). No one had been on high risk (in a safer cell) since lockdown. Incidents of self-harm had stayed at a constant level since March, averaging three per month, with some of the monthly incidents in the women's population carried out by the same person. April and May saw no young person recorded as self-harming. Inspectors spoke to two prisoners, one currently on TTM and one who had previously been on the strategy. Both prisoners stated that they had been treated well and were fully aware of their care plan and next steps. A number of TTM case files were looked at and were found to be of good quality. The narratives in some of the cases were comprehensive with input from partner agencies.

7. Rule 41 paperwork: we will check that the revised process for people being detained under Rule 41 due to COVID-19 are being adhered to. We will enquire into processes in place to ensure in-cell activity is available, and a television is available to those who are isolated. We will also be interested in the numbers of people on Rule 41 and the length of time held under this Rule.

Visit findings

HMP YOI Polmont have two areas identified to deal with those suspected or positive for COVID-19. From March 2020 to date there were 11 young men and two women held on a Rule 41 relating to COVID -19, with three prisoners testing positive. The SOP on the admission process during COVID-19 informed staff that a prisoner arriving from court suspected of having COVID-19 would be dealt with in reception area as per normal, apart from adhering to the guidelines set out with regards to PPE and that the reception area would be empty of other prisoners. Instructions in the SOP were comprehensive and written in a methodical way explaining all steps.

However, on speaking to staff in reception, the inspectors were informed a recent change in the process for admission of those suspected of having COVID-19 is that after confirming the warrant prisoners would go directly to the COVID-19 area and

bypass reception. The admission process would then be carried out. Not all staff in the COVID-19 area had knowledge of this change and still thought prisoners were admitted via reception. The SOP should reflect this change and a communication sent out to confirm this to all staff.

The area designated for COVID-19 for young men was on Monro level 2. The area was very clean and all cells available for admission. The area had cold and hot changing areas. The cold area was where staff changed into PPE to deal with COVID-19 prisoners, and the hot room was where staff changed out of their PPE. To minimise cross contamination staff had designated PPE and, in addition, information posters were on display to remind staff of the process when donning and removing PPE.

Action Point 2: HMP YOI Polmont should ensure that if the process for admission for someone suspected of COVID-19 has been changed, then the SOP should be changed and staff informed on the new process.



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.

COVID-19 commentary

8. Rule 95 paperwork: we will check that those under this Rule are treated lawfully and with humanity, and there is a sufficient regime in place and adhered to. The Separation and Reintegration Unit (SRU) is a default check by HMIPS at all times.

Visit findings

The inspector visited the SRU and found the area to be clean and orderly. The SRU had eight cells occupied from a possible 14. One prisoner was on rule 95(1), six prisoners on Rule 95(11) and one prisoner on Rule 95(12). Due to time constraints, the inspector did not interview any of the occupants but sampled a number of Rules on the prisoner records system (PR 2) and found them to be lawful. The daily narratives were submitted as weekly narratives, which is similar to other SRUs, with the information drawn from the daily diary inputs. These narratives were of reasonable quality and included updates from other partners such as education and the mental health team. The daily assurance sheet records that all occupants were offered their daily entitlements of a shower, fresh air and the phone, however these opportunities were not always fully taken up. Similar to that of the residential areas, each prisoner had an in-cell telephone other than those who had them removed due to their behaviour but all prisoners retained access to the communal phone. The gymnasium at this time was closed in line with HPS guidelines.



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.

COVID-19 commentary

9. Access to families contact: we will look at what access prisoners have to telephones or other measures (for example, email a prisoner, video link, mobile phones, etc) in order to keep in contact with friends and family. Monitoring the implementation and impact of agreed actions such as increased availability of virtual visits or the provision of access to mobile telephones, tablets, and incoming and outgoing mail is a default position for HMIPS.

There were eight, 30 minute face-to-face visit sessions available each day and up to eight prisoners from the same pod could attend each session. Currently there was no limit to the amount of face-to-face visits prisoners could book a month. Inspectors were advised that prisoners were now brought to the visit room before visitors arrived, which had resulted in a reduction in violence between prisoners. Family bonding visits were also taking place and the uptake had been good. Staff cleaned the area after every session and replaced the seating with new, easy to clean chairs. A recent decision had been taken to allow prisoners and visitors to remove their masks once seated.

Some YP in Iona suggested their weekend visit allocation was unfair as it provided few places relative to the overall number of YP in comparison to the places available for women prisoners, and the visit time was too early in the day for families who were travelling a long way by public transport. The GIC recognised that similar issues applied to Monro 4; a review of visiting times was currently under way and the concerns raised by Iona Hall would be taken into account.

There were five virtual visits sessions offered every day. There were five booths available and each session lasted 30 minutes. Prisoners were wiping down the area between sessions. Take up had been slow. However, one of the positive outcomes from offering them was that it benefited prisoners whose family/friends were unable to travel to the establishment, for example foreign national prisoners or those whose families were not comfortable visiting a prison. At the time of the visit, there was no limit on the number of visits. Prisoners reported some issues with the IT and that they would like the sessions to be longer, as by the time they logged on 30 minutes was not long enough.

Prisoners had been provided with mobile phones and 300 free minutes per month. Whilst those spoken to reported some connectivity issues, they were pleased to be able to contact family and friends more readily. They expressed a desire to be able to top-up to their monthly minute allowance and also to have their legal representative's number added to the agreed list, so that they could talk to them in private, rather than on the hall phone.

New phone lines had been installed in the interview rooms on all levels of each hall to support the promotion of health and wellbeing. This allowed prisoners to speak directly with third sector partners, for example Barnardo's Scotland, and they were being well used.

The email a prisoner scheme was available and prisoners were aware of it and how to access it. Barnardo's Scotland were, for example, maintaining contact with prisoners via this scheme.

Some prisoners reported problems with mail going missing, and stated this had been an issue for a very long period. Notices from IPMs on the hall demonstrated this was discussed with management during the last quarter

Some prisoners reported that they had to wait several weeks for mobile phones, after transferring in from other establishments or as new arrivals. This was confirmed by staff, and appeared to arise from a temporary lack of stock, which we trust can be quickly addressed.

At all SPS prisons when the phones were rolled out there were worries about the capacity of the system, and restrictions were placed on the times prisoners could use them. Given the current population of HMP YOI Polmont, this concern seems unfounded, and there may no longer be a rationale for restricting the use of the phones to four half hour periods a day.

Action Point 3: SPS must ensure stocks of mobiles are sufficient to ensure no prisoners have to wait more than a few days to receive one.

Action Point 4: HMP YOI Polmont should consider removing the restrictions on when the phones can be used due to low population numbers.

Action Point 5: HMP YOI Polmont should consider whether further action can be taken to reassure prisoners that mail sent to the prison is not going missing and improve communication around the issue.

10. Access to recreation: we will check what type of social interaction takes place, and opportunities for fitness, distraction, and learning.

Time offered for recreation within the different residential areas varied. YP in Monro and Iona Halls were offered 45 minutes of recreation each day, in pods of between 16-20 people, whereas the women in Blair Hall were offered 90 minutes in pods of 20 people. All areas were given additional time to carry out essential cleaning of their cells. All areas reported that there were additional opportunities to offer extra

phone calls and showers if requested. Activities available during this time included pool, table tennis, X-Box, board games, quizzes and bingo. However, it was observed by an inspector that the pool table on Monro 4 east was damaged. When asked, staff stated they had reported this several weeks ago, but action had not been taken to repair it to date.

There was also a large amount of in-cell activity on offer to help alleviate boredom whilst locked up for longer periods of time. It included jigsaws, puzzles, Lego, sketching pads, colouring-in books, bracelet making kits, pamper packs. There was an SOP in place to ensure safe handling of activities during the pandemic.

HMIPS welcomed the fitness opportunities offered to prisoners' in-cell and Physical Training Instructors offered regular outdoor and indoor fitness sessions to all of the halls.

Action Point 6: HMP YOI Polmont should, for fairness and equality, ensure that YP are offered the same length of time for recreation as the adult women.

11. Access to legal representative: we will check that agents and other statutory visits are being facilitated even when prisoners are isolated under medical grounds for COVID-19.

Agents and other statutory visits were being facilitated during COVID-19. Those that appeared in person spoke to their client under closed visit conditions. Rooms had been set aside for phone calls and video links, and prisoners could also contact their legal representative via the hall phone, but not via their mobiles.

If a prisoner who was isolating due to COVID-19 wished to talk to their legal representative then they have to make use of the hall phone as they are not permitted into the agent's area. There was no specific holding area, therefore prisoners were held individually in one of the interview rooms until their representative arrived.

It was a very busy area so additional cleaning of the area was taking place between uses and also at the end of each day.

12. Access to information: we will look at the access to books, DVDs, CDs, including reference material. In particular, we will look at the complaints system and the quantity and quality of prisoner information on COVID-19 and the prison's response.

Visit findings

HMP YOI Polmont provided access to books and DVDs and games consoles. A good stock of complaint forms was available in nearly all the halls visited by inspectors and women prisoners and YP indicated to inspectors that they were aware of the complaints system and understood how to use it if they felt that necessary. Inspectors were provided with statistical information to show that the level of complaints raised in each hall was being monitored, along with the range of issues raised. Complaints made during the lockdown period were slightly higher

than the two months leading up to the lockdown. The highest level of complaints were against staff. Women prisoners tended to make use of the complaints system more than the YP.

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.

COVID-19 commentary

13. Access to fresh air: we will look at the provision for fresh air for all prisoners and note where access is denied and the authority to do so.

Opportunities for fresh air are offered to all those within HMP YOI Polmont. This was observed throughout the visit. Exercise yards were clean and well maintained. Behaviour of the prisoners was monitored by staff, but no interaction between staff and prisoners was observed. According to the evidence received by HMIPS, the time in fresh air differs between YP and adult women. Young male prisoners received 45 minutes per day, young women (under 21) receive two periods of 30 minutes and 45 minutes per day and where adult women had been given 30 minutes per day in the early part of the pandemic it increased to 45 minutes and then to one hour with household bubbles (pods) of up to 20 prisoners attending.

HMP YOI Polmont recognised a low uptake of attendance and undertook community forums to get a better understanding of the reasons why. The outcomes suggest that early morning slots were not popular and that boredom was a factor. Thirty minute slots appeared to be popular to alleviate the boredom and suggestions that some physical activity would improve attendance. It was encouraging to see that areas with the lowest attendance (remand population) had their fresh air time's changed, however HMIPS would encourage HMP YOI Polmont to vary the times all prisoners are offered exercise to allow a fair and equitable access to fresh air, both in the morning and afternoon, as seen in other prisons recently visited.

Where inspectors spoke to YP and women prisoners they confirmed the issues highlighted above. YP indicated a frustration that sometimes they could take a football onto the exercise yards, but other times they could not. They felt this was solely at the discretion of the officers.

Action Point 7: HMP YOI Polmont should ensure for fairness and equality that all prisoner groups receive at least 60 minutes time in fresh air.

Action Point 8: HMP YOI Polmont should review its policy for activities on exercise yards. If the decision is at the discretion of individual officers, this should be communicated properly to prisoners.

Action Point 9: in line with other prisons, HMP YOI Polmont should vary the times prisoners are offered fresh air to ensure a fairer and more equitable access in the morning and afternoon.

14. Communication: we will look at the communications/information that is in place regarding any changes to the regime, or other functions within the prison, for all relevant parties including prisoners, their families, and other relevant agencies regarding the COVID-19 pandemic, ensuring that all communications/information is in a format/language people can understand.

Changes to regime and other functions were being communicated to women prisoners and YP through a series of notices, supplemented by face-to-face communication from staff. An example was a recent notice informing prisoners that staff would have to start wearing masks during their shift. It is pleasing to note that the prison had downloaded information in foreign languages using official sites utilised by their NHS colleagues with regards to SD and lockdown procedures. The recent introduction of in-cell telephony came with compacts and these had been translated into several languages and checked with prisoners from that country to verify them. Although at the time of the visit there were 28 prisoners marked as having a foreign nationality, Prisoner records identified that the majority were able to understand English. HMP YOI Polmont procurement team confirmed that engagement of the translation service had been ongoing with seven separate calls made between April and August. These calls reflected the foreign national population. A SOP on interpreter and translation services is available to all staff on SharePoint.

HMP YOI Polmont made the decision to cancel the monthly Community Groups (Prisoner Information Action Committees (PIACs)), contrary to other prisons visited recently. It was noted however that engagement with the prison population had not ceased altogether. User voice exercises were conducted with YP and women in May, seeking views on what had gone well and what not so well, and what should change going forward. Eighty-four people were involved in the exercise, providing a representative voice. Prisoners were aware of the current regime, and plans to reopen activities and gymnasiums.

As previously mentioned, engagement with community groups had been undertaken to address the low uptake of fresh air, with a number of actions identified in August. To counteract the lack of monthly community group meetings, well-being checks had been carried out during this time to understand how prisoners were coping under lockdown. The main feedback was a desire for a later lock-up time and for things to return to the pre-COVID-19 situation. As part of the recovery plan, HMP YOI Polmont intend to start up community group meetings by October. This will be followed-up by HMIPS in future visits.

The Media Centre had been resurrected but was not yet open to prisoners. The member of staff working there had done a great job in getting the prisoner TV/radio channel back up and running and was offering a full and varied itinerary to prisoners between 09:00 and 15:00 that included Chaplaincy, impact arts (guitar lessons, learning Spanish), SD videos, fitness, and educational videos. Films were showed

during any gaps in the timetable and from 15:00 until 09:00 music was played along with PowerPoint presentations on COVID, education, Considerate Constructors Scheme Certification, known as CCSC, and healthy eating.

15. Access to education: we will look at what access prisoners have to education, and if prisoners are able to continue with their current education or start new ones. Initiatives in education and learning will be documented.

There are currently 25 YP engaging in a radio show, either through email a prisoner or, if they have literacy difficulties, through telephone calls. A recent competition was run to name the show which has now been named 'The Juke Box', with the winning entry coming from a YP in Iona Hall level 2. It was disappointing to learn that the week of the visit would be the last week of the radio show. This was due to the funding ending. However, as it has been so successful there is a meeting with funders to ask to redirect some Cash Back funding to continue with the radio show until face-to-face work can begin. Impact Arts are continuing with two podcasts they produce weekly though the media centre until face-to-face work can resume.

The Learning Centre had now reopened on a scaled down timetable. Whilst it was closed, national generic learning packs designed by Fife College had been made available to prisoners at the hall staff desk, and activity packs continue to be provided. Since their return they had been focussed on digital learning and had communicated with prisoners via the prison TV and radio station, to raise awareness that they had reopened, and to deliver learning on a wide genre of topics including maths quizzes, British Sign Language, and health and wellbeing. They had also issued focus group forms and held focus groups with prisoners to identify what learning they would like to receive. In addition they were creating a number of DVDs to be placed on the halls covering a wide range of subjects.

As far as face-to-face learning was concerned, they were offering 121 learning sessions in the learning centre, where between three and four tutors could see up to five prisoners per day. Daily classroom training for small groups was taking place in Blair 3, and embedded learning was taking place in the work sheds that were open. Learning staff reported that prisoners had been more focussed and engaged, and less disruptive in smaller groups, which was a positive outcome.

Two Open University students and one higher student were able to continue their studies whilst the Learning Centre was closed and had now received their qualifications. The learning timetable was understandably a much reduced service and the team are continually reviewing how they can increase provision.

Prisoner work parties had reduced. On the day of the visit, the Engineer, Bike, Painters, Plumbers, Bricklaying, and Paws for Progress Work Sheds were open and prisoners were attending in small pods. The cook and garden work parties were also running. All residential areas had some prisoners attending activities or engaged in work. However numbers engaged varied from location to location, with only three out of 16 prisoners at work during the morning session from Monro 4 east, with 14 out of 17 being engaged from Monro 3. This can partially be explained by the different populations, but the difference is still stark. On Blair 3 less than half the prisoners were at activities.

The women had three work parties available to them. They attended the Laundry am/pm, VT painters am/pm, and as part of the Industrial Cleaners, cleaned the visit room and reception. This is in addition to hall cleaners and pantry jobs. There are a further two work parties that would have been available; Hair and Beauty, and Arts and Craft, however they were closed due to staff sickness absence. Staff and prisoners said there could be issues with the lists, where prisoners might be down for activities the same time their section of the hall was on recreation or out in the fresh air. A number of prisoners spoken to however said that they enjoyed the range of activities on offer.

Action Point 10: HMP YOI Polmont should review allocations to work to make sure that time out of cell and purposeful activity is maximised and equitable for all prisoners.

16. Access to religious services: we will look at any initiatives involving religious services including pastoral visits, remote linked services, information loops on in-house media, or religious information pamphlets.

The Chaplaincy were in the prison, and services were being provided for some prisoners. Due to the SD, this was not available for all prisoners each week. There are plans in place to increase pastoral care as lockdown eases. The Imam also attended the prison to attend to the needs of the Muslim population. The in-house TV channel had been used on occasion to share religious services.

17. Access to gym and fitness: we will look at what the establishment has in place for fitness. In particular, we will inspect any alternative fitness initiatives, for example in-cell fitness activities, circuit training, satellite gyms, etc.

Visit findings

Satellite gyms remained closed, but were due to open imminently in line with the Scottish Government guidance. Gym staff were attending halls and carrying out activities with different groups of prisoners. An example of this was the use of static bikes outside, and walking around the inner perimeter of the prison. This represents good practice. Prisoners were generally able to access one or two sessions with the gymnasium staff each week which could on occasion clash with other activities.

Good Practice 3: the use of static bikes outside and other efforts of gym staff to engage prisoners both outside and in halls is commendable

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 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.

COVID-19 commentary

18. Prisoners on release: we will look at the plans developed with those leaving custody regarding access to services, that is housing, healthcare, welfare services, and opportunities to utilise their time constructively.

Visit findings

The establishment reported that they had been able to interact effectively with external partners remotely when they were no longer able to operate on site. Indeed the establishment felt that the co-operation from local authorities for liberation during lockdown had been excellent in terms of providing accommodation and support when that was required, despite the additional challenges brought on by COVID-19. The establishment had provided travel warrants and google maps giving directions to the train station, etc, to assist those being liberated during lockdown. One-to-one interviews before liberation had continued, and the establishment had provided a fully charged mobile phone with £10 of credit for those liberated through the Early Release Scheme even before this became the normal SPS policy. The establishment provided inspectors with a range of case studies to evidence and illustrate the work done to support those being liberated.

External partners were still off-site, but looking to come back on-site. Pre-Parole and Pre-Release ICMs were still continuing, and the establishment expected to get the remaining categories of ICMs operating in September. Programme teams were starting to work through the backlog of Generic Programme Assessments and Programme Case Management Boards were just about to get started again. However, the team responsible for co-ordinating ICM and other progression activity was currently carrying three vacancies out of a complement of 10, which was a concern in terms of capacity to manage the workload.

Moreover, prisoners across the prison reported frustrations with the closure of programmes especially where it could impact on Parole Board decisions. Prisoners being potentially disadvantaged at Parole Board hearings from not having completed courses, through no fault of their own, or potentially being released without appropriate risk reduction activity completed is a serious cause for concern. It affects prisoners across the prison estate, not just in HMP YOI Polmont. We are aware that SPS HQ are working to address this, but action is needed as quickly as possible.

Action Point 11: HMP YOI Polmont should take action to address the vacancies in the team co-ordinating ICMs

Action Point 12: SPS HQ must reinstate offender management programmes as quickly as possible and work creatively to clear the backlog of prisoners requiring programmes. They should work with the Risk Management Authority (RMA) and the Parole Board to consider how evidence on action taken to reduce the risk of reoffending can best be presented to the Parole Board whilst the SPS reinstates offender management programmes and addresses the backlog.

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.

COVID-19 commentary

19. Staffing and regime: we will look to establish if staff understand their roles and what is expected of them. Are staff updated on any changes and are knowledgeable of the present position of the establishment.

Visit findings

Throughout the visit inspectors spoke to staff about their roles and responsibilities. It was clear that staff had a good understanding of the current situation with the rationale for the prison going to a day shift rather than early shift or back shift roster. Staffs views were mixed with regards to communication. In general staff were content, but felt that although communication from management regarding changes in processes was good, there was not enough face-to-face communication at FLM level. Overwhelmingly, the view of staff was that they wished to return to the more traditional shift pattern as soon as possible. This was also the view of the majority of prisoners spoken to by inspectors. Staff reasons for wishing to return to the previous shift pattern varied from childcare issues, work life balance, and a concern that as the prison eases lockdown and more purposeful activity is introduced there will not be enough time to deliver on the basics such as recreation. HMP YOI Polmont will need to ensure that as more purposeful activity is reintroduced basic entitlements like access to the communal phone, exercise, and visits are fully accommodated.

Staff were able to explain the processes with regards to COVID-19 where they suspect a prisoner showing symptoms of the virus and the steps they would need to take. Masks had been recently introduced for all staff to wear while on shift or in contact with others. Although cited as uncomfortable by some staff, there was a common view by staff that this change could have been made earlier by the SPS rather than a reaction to a member of staff being positive for COVID-19 in another prison. External partners such as education who were spoken to reported very good support and communication from the establishment. SPS staff talked them through the revised processes and they felt safe on return to work. The Learning Centre team leader attended the weekly FLM meeting to be kept up-to-date with changes.



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.

COVID-19 commentary

20. Healthcare issues: we will check that there is a daily assessment on wellbeing in a way that maintains the health and safety of all parties, and that there are measures in place to ensure healthcare continues to be managed under the principle of equivalence including health checks on admission, liberation, and transfer and escalation procedures. Checking processes are in place to support people with pre-existing health conditions.

Visit findings

This section sets out the findings from the Healthcare Improvement Scotland (HIS) liaison visit to HMP YOI Polmont on 27 August 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID-19 pandemic. In particular, access to care, governance, leadership and staffing, and infection prevention and control. The HIS findings below align with Standard 9 of the 'Standards for Inspecting and Monitoring Prisons in Scotland'.

How we carried out the liaison visit

In advance of the liaison visit HIS asked NHS Forth Valley staff at HMP YOI Polmont to complete a pro forma regarding healthcare provision during the pandemic. A follow-up teleconference was held with NHS Forth Valley to discuss the completed pro forma. Inspectors then developed key lines of enquiry for the visit. During the liaison visit, two inspectors spoke with members of staff and viewed the care environment within the health centre. Given the current restrictions on the movement of prisoners and to safeguard both patients and staff, inspectors did not speak with or come into contact with any patients during the liaison visit.

Access to care

If a patient reported as having or presented with symptoms of COVID-19 they were isolated in the residential halls. Arrangements were in place to have them tested for the infection. Guidance to support the management of these patients was reviewed by inspectors who noted that the administration of medication was given to patients at their cell door. Initially patients who were shielding were seen by a member of the healthcare team on a weekly basis. When the period of shielding was extended by the SG, patients were seen twice a week to offer additional support. Guidance was available to support staff with the management of these patients. All patients required to shield had their own care plan and were given guidance about shielding.

SPS staff were made aware of patients who required to isolate so that they knew to wear PPE during any interactions. Following SG COVID-19 guidance there were no patients shielding at the time of the visit.

Reception procedures had been introduced to assess all new arrivals in line with SG COVID-19 guidance. Several nursing staff had completed training in COVID-19 testing and a track and trace system was in place.

Near Me (a secure NHS video call service for patients) is used to carry out consultations. At the time of the liaison visit, clinics were held in each residential hall and were limited to psychiatry, hepatology, and physiotherapy consultations. Healthcare staff reported that DNA rates had significantly reduced since the introduction of Near Me and plans to extend this resource were in place. However, there are challenges using Near Me as a member of the healthcare team must remain in the room with the patient which places an additional burden on the nursing resource.

Easy read leaflets had been distributed to all patients, in conjunction with SPS, informing them of changes to the delivery of services in response to the pandemic. Patient health information leaflets about COVID-19 were available in different languages. We also observed examples of good communication between the healthcare team, SPS, and the prison population (YP and women). **This is good practice.**

The speech and language therapist had created reader-friendly COVID-19 advice slides which could be viewed on the HMP YOI Polmont TV channel as well as additional activity packs and art materials to those under care of the MH team. **This is good practice.**

Primary care

The self-referral process had not changed during the pandemic. Referral forms were available in all halls and were triaged by the primary care team. The health care team leads also checked the triage forms once complete as an extra assurance check. The GP screened referrals for urgency, medication requests, and to determine whether patients required a face-to-face consultation. At the onset of the pandemic a letter was issued to all patients explaining that during the pandemic only emergency consultations would take place, and that they should re-refer once normal healthcare services had resumed. We were told that during the first couple of months the number of referrals had reduced dramatically but were now beginning to increase.

The NHS board is planning to expand the existing advance nurse practitioner led service across three prisons within NHS Forth Valley.

During the pandemic routine services were reduced in line with changes to community provision. Many clinics such as dental, long-term conditions, and sexual health were temporarily suspended during the height of the pandemic. Although clinics have now restarted many are offering a limited service in line with NHS Forth Valley guidance. Throughout the pandemic the dental triage nurse, although not

physically in the prison, was contactable for advice on referrals and any patient who required emergency dental treatment was seen promptly.

Throughout the pandemic patients with long-term conditions continued to be identified on admission. Although formal long-term condition reviews had been put on hold due to the pandemic, nursing staff were still aware of specific patient needs and individual care plans were in place and updated when required. During medication rounds staff had a good oversight of all vulnerable patients and told us that SPS staff also alerted healthcare staff of any concerns about a patient's health and wellbeing. At the time of the visit there were no patients within the prison in receipt of social care.

Staff told us that around 80 patients were waiting to be seen at the sexual health clinic. Now that clinics have resumed staff are actively trying to reduce this waiting list by reviewing referrals and restarting clinics.

The health centre was closed during the peak of the pandemic and reopened in July 2020. Hand gel was readily available to those waiting in each waiting room and clear signage and measures to control the number of patients sitting in each of the waiting rooms, such as SD prompts, floor markings, and signage on seats were in place.

While the health centre was closed NHS treatment facilities were set up in each hall. The last medication round is carried out from 16:00. The GP had carried out a review of patient kardexes resulting in many patients having their prescriptions changed from supervised to weekly or daily issue. Subsequent reviews identified cases where it was not safe to continue in-possession dispensing resulting in a small number of patients reverting back to supervised issue.

The healthcare team told us that all patients were under review for any requirement to adjust their evening medication regime as it was hoped overnight in-possession medication could be continued to enable patients to have more autonomy over their medication and support their sleep patterns.

Access to secondary care for urgent cases continued during the pandemic and transfers to hospital continued in line with existing protocols.

Mental Health

With the introduction of 'Near Me' in March 2020 psychiatry clinics have continued as normal throughout the pandemic in the halls. The mental health nursing team continued to see people referred to their service on a face-to-face basis. **This is good practice.** Referrals to the mental health team were seen quickly and the waiting time for a routine assessment was 12 days but staff were actively working to reduce this to a wait of seven days.

During the early stages of the pandemic patient contact with the Clinical psychology services were paused. This has resulted in an increase of people waiting to access psychological therapies. Now that the service has recommenced we were told that work to reduce the waiting times was underway.

During the pandemic, third sector providers continued to provide counselling services remotely via telephone consultations. **This is good practice.**

Talk to Me (TTM) case conferences and risk management have also continued with the number of patients placed onto TTM similar to pre-COVID-19 levels. The usual protocol for transfer of a patient to an in-patient mental health unit has continued. There has been no such transfers during the pandemic.

Following risk assessments by SPS activity packs and art materials were given to patients to help support mental well-being. Furthermore the physical education instructors provided health and exercise regime information.

Substance Misuse

Addictions services continued as normal with the exception of group meetings. The service has continued to meet the national waiting time target of 21 days.

Blood Borne Virus testing and treatment has restarted and dry blood spot testing is offered on admission. Patients are asked on admission about any substance use and offered a urine drug screen. Individuals are then commenced on harm reduction plans and where clinically indicated onto Opiate Replacement Therapy which has continued to be prescribed. Opiate Replacement Therapy is administered to patients in the morning medication round.

In line with recent national Opiate Substitution Treatment guidance NHS Forth Valley introduced the 'Buvidal Injection' during the pandemic. Patients who have moved onto Buvidal have reported health benefits to staff. HMP YOI Polmont and the primary care team are working with community services to support patients' continued use of the drug on liberation. The GP has been collating feedback from patients to help determine the success of the drug over time and to share learning with other patients and colleagues.

Addictions staff offer one-to-one Naloxone (Naloxone is a drug used to reverse the effects of a drug overdose) training to patients with a planned liberation date. Naloxone kits are also placed in their belongings. We saw evidence of community service information leaflets and individual planning for community follow-up.

Smoking cessation continues to be offered to new admissions within 72 hours of admission. The waiting time for self-referral is usually between five and seven days.

Patient admissions

The recent increase in court activity has posed some challenge for the healthcare team within HMP YOI Polmont. Staff reported that prisoners arriving into the prison after the nursing shift finishes at 21:00 was becoming a regular occurrence. The healthcare team has been working to anticipate late admissions and arranging staff rotas to enable late arrivals to be fully admitted in line with Standard 9 requirements. However, staff recognised that a longer-term solution is needed and we

acknowledge that work is taking place at a national level to address the issue of late arrivals.

Infection Control/Health centre environment

On entering the prison, we observed appropriate infection prevention and control measures including anti-bacterial hand sanitisers. Bins were in place for the disposal of PPE. We visited areas where healthcare was delivered and found these to be visibly clean and of a good standard. However, we saw damage to the skirting boards and walls in one of the treatment rooms in the halls which would prevent the room from being effectively cleaned.

An independent contractor is commissioned by SPS to clean the health centre for three hours each day. In addition, the waiting rooms are also steam cleaned once a week. Staff reported that cleaning was generally of a good standard given the time allocated to such a large area. Staff told us they could raise any issues about the environmental cleaning with the private contractor. We saw cleaning schedules and staff rotas to support nursing staff undertake cleaning in the nursing areas within the halls.

Non-alcohol gel dispensers were available in communal areas within the health centre and clinical wash basins were decontaminated in line with the HPS guidance. Disinfectant wipes were available in all clinical areas and chlorine releasing disinfectant was available in the event of a suspected or confirmed case of COVID-19.

As previously stated although clinical areas within the health centre were not in use from the start of the outbreak until mid-July 2020, the weekly cleaning regimes of these areas had been maintained. Medication dispensing areas within the halls were also cleaned. A cleaning log was maintained and an audit of cleaning is undertaken once a week by senior staff. The records are held electronically and on review these did not identify any issues with the standard of cleanliness.

All staff had access to and had received training in PPE. We observed staff using correct PPE when they were unable to socially distance. Staff had also been fitted with FFP3 masks and up-to-date electronic records for mask fit testing were maintained and kept.

A SOP has been developed to perform CPR on people with confirmed or suspected coronavirus. An emergency grab bag was available for staff responding to emergencies.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use, as well as the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles were available in all clinical rooms and appropriate disinfectants were used in the clinical areas in accordance with the NHS board's infection control guidelines. Each hall had a room allocated for nursing staff to provide medications, triage, and consultations with patients. These were cleaned to a high standard by trained pass men or staff.

Throughout the pandemic the prison healthcare team received support from the NHS board's infection prevention and control team.

Governance, leadership and staffing

Prison healthcare is managed by the NHS Forth Valley and sits within the NHS board's 'Mental Health, Learning Disability & Prison Healthcare Services'. At the onset of COVID-19, NHS Forth Valley established structures to support decision-making and oversight of prison healthcare, including daily huddles.

The NHS Forth Valley senior leadership team includes the service manager for prison healthcare to maintain direct links with clinical practice. We saw evidence of contingency plans and guidelines for NHS Forth Valley for responding to COVID-19 pandemic. We reviewed the corporate risk register and saw several risks relating to the pandemic response, including cell medication, addiction recovery groups, and access to psychology and occupational therapy had been included. A recovery plan setting out the remobilisation of services across the three prisons has been submitted to Scottish Government as part of the wider NHS Forth Valley remobilisation plan.

NHS Forth Valley has an effective governance structure with clear lines of reporting and accountability. This allowed normal escalation and governance processes to continue during the pandemic. In addition, lines of communication were evident between the NHS board and prisoner healthcare to discuss workforce, clinical demand, and the allocation of resources.

Throughout the pandemic the healthcare team adopted a flexible approach to staff shift patterns to enable normal staffing levels to be maintained. This included some staff reverting back to a core shift to align with SPS regime changes. The recruitment of staff has been ongoing and plans are in place to recruit two healthcare assistants to support the mental health team, an additional speech and language therapist, and occupational therapy staff.

Historically, the healthcare team has found it difficult to recruit Band 5 nurses. In response, the healthcare team have been exploring options to attract Band 6 nurses by introducing a career progression pathway. Work has been undertaken with the University of Stirling to promote the role of prison healthcare nurses and provide opportunities for learning within the prison.

A range of resources are available to support staff health including wellbeing resources for staff and managers dealing with COVID-19. Staff told us they felt well supported by their line managers, through daily huddles and regular team meetings. Clinical supervision and training opportunities have also continued to be available to staff. In addition, staff informed us they felt supported by senior management and that there were good lines of communication.

The relationship and communication between SPS and the healthcare team was described as being very good during the pandemic, with regular meetings to discuss issues and share learning.

Action Point 13: HMP YOI Polmont and the NHS Board must ensure that all clinical rooms can be effectively cleaned to the relevant standard to ensure the safe delivery of healthcare.

Good Practice 4: the speech and language therapist had created reader-friendly COVID-19 advice slides that could be viewed on the HMP YOI Polmont TV channel and COVID-19 leaflets were in different languages.

Good Practice 5: the introduction of in-possession medication for use overnight has increased patients autonomy with their sleep patterns.

Good Practice 6: the continued access to mental health, substance misuse, and primary care services.

Conclusion

At the time of our visit the atmosphere in HMP YOI Polmont was calm and orderly, and we commend management and staff on their success in restricting the risks around the spread of COVID-19.

It was clear that efforts were being made to return the establishment to a more normal regime and reintroduce activities in a controlled manner.

It was pleasing to see the significant strides that had been taken by the prison healthcare team to address the issues raised in our last full inspection report and encouraging to see several areas of good practice identified by HIS inspectors. Relationships between NHS and SPS teams also appeared positive.

A number of elements of good practice were identified on the SPS side, and inspectors were particularly impressed by the introduction of Health and Wellbeing helplines into each residential flat to enable YP and women to conduct confidential calls with support agencies.

In relation to the 13 Action Points, we would particularly draw attention to the need to ensure fairness and equity of access between different groups of prisoners in relation to recreation times, access to fresh air, face-to-face visits and the need to provide fair access and maximise opportunities for work and purposeful activity.

We recognise the challenges in providing appropriate opportunities for all YP and women to engage in purposeful activity, particularly while having to respect SD guidelines, and we are concerned to ensure that should not be done by compromising access to fresh air or recreation.

We urge SPS HQ to take swift action to reintroduce offender management programmes and work as creatively as possible to address the backlog of people awaiting opportunities to go on such programmes. In the meantime, we encourage dialogue with the RMA and the Parole Board on how alternative forms of evidence on action taken to reduce the risk of reoffending might best be presented to the Parole Board. It is not acceptable that anyone should be held back from securing parole for reasons outside their own control.



List of Good Practice and Action Points

Good Practice

Good Practice 1: the introduction of Health and Wellbeing helplines into each flat of every residential hall to allow young people and women to conduct confidential calls with support agencies

Good Practice 2: walkthroughs were carried out by the H&S co-ordinator with staff in a number of settings such as the COVID-19 areas, visits, and egress and access to the prison to ensure practices and processes would work and are complied with.

Good Practice 3: the use of static bikes outside and other efforts of gym staff to engage prisoners both outside and in halls is commendable

Good Practice 4: the speech and language therapist had created reader-friendly COVID-19 advice slides that could be viewed on the HMP YOI Polmont TV channel and –COVID-19 leaflets were in different languages.

Good Practice 5: the introduction of in-possession medication for use overnight has increased patients autonomy with their sleep patterns.

Good Practice 6: the continued access to mental health, substance misuse, and primary care services.

Action Points

Action Point 1: HMP YOI Polmont should consider offering more food choices for the prisoners than the minimum required by SPS.

Action Point 2: HMP YOI Polmont should ensure that if the process for admission for someone suspected of COVID-19 has been changed, then the SOP should be changed and staff informed on the new process.

Action Point 3: SPS must ensure stocks of mobiles are sufficient to ensure no prisoners have to wait more than a few days to receive one.

Action Point 4: HMP YOI Polmont should consider removing the restrictions on when the phones can be used due to low population numbers.

Action Point 5: HMP YOI Polmont should consider whether further action can be taken to reassure prisoners that mail sent to the prison is not going missing and improve communication around the issue.

Action Point 6: HMP YOI Polmont should, for fairness and equality, ensure that YP are offered the same length of time for recreation as the adult women.

Action Point 7: HMP YOI Polmont should ensure for fairness and equality that all prisoner groups receive at least 60 minutes time in fresh air.

Action Point 8: HMP YOI Polmont should review its policy for activities on exercise yards. If the decision is at the discretion of individual officers, this should be communicated properly to prisoners.

Action Point 9: in line with other prisons, HMP YOI Polmont should vary the times prisoners are offered fresh air to ensure a fairer and more equitable access in the morning and afternoon.

Action Point 10: HMP YOI Polmont should review allocations to work to make sure that time out of cell and purposeful activity is maximised and equitable for all prisoners.

Action Point 11: HMP YOI Polmont should take action to address the vacancies in the team co-ordinating ICMs.

Action Point 12: SPS HQ must reinstate offender management programmes as quickly as possible and work creatively to clear the backlog of prisoners requiring programmes. They should work with the Risk Management Authority (RMA) and the Parole Board to consider how evidence on action taken to reduce the risk of reoffending can best be presented to the Parole Board whilst the SPS reinstates offender management programmes and addresses the backlog.

Action Point 13: HMP YOI Polmont and the NHS Board must ensure that all clinical rooms can be effectively cleaned to the relevant standard to ensure the safe delivery of healthcare.



Acronyms used in this Report

CCSC	Considerate Constructors Scheme Certification
CEA	Committed to ending abuse
COVID-19	Coronavirus Disease
GIC	Governor - in - Charge
FLM	First Line Manager
H&S	Health and Safety
HIS	Health Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HMP YOI	Her Majesty's Prison and Young Offenders Institute
HPS	Health Protection Scotland
ICM	Integrated Case Management
LV	Liaison visit
NHS	National Health Service
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PIAC	Prisoner Information Action Committee
PPE	Personal Protective Equipment
PR2	Prisoner Records System
RMA	Risk Management Authority
RMT	Risk Management Teams
SD	Social distancing
SG	Scottish Government
SOP	Standard Operating Procedures
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SRU	Separation and Reintegration Unit
SSOW	Safe systems of work
TTM	Talk to Me
YP	Young People

