



## **COVID-19 PANDEMIC EMERGENCY**

## **LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS**

### **REPORT ON A FOLLOW-UP LIAISON VISIT TO HMP ADDIEWELL,**

**17 JUNE 2021**

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

**DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY**

## Introduction

This report is a follow-up to a visit Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) made to HMP Addiewell in May 2020.

When we first visited HMP Addiewell in May 2020 under our new temporary framework arrangements, our inspection partners (Healthcare Improvement Scotland (HIS), the Care Inspectorate and Education Scotland) were not in attendance. This follow-up visit was arranged, therefore, with our inspection partners to allow us to complete a national picture across all 15 prison establishments of the impact of the COVID-19 pandemic. The focus of this return visit was therefore primarily on standards 6, 7 and 9 of our [Standards for Inspecting and Monitoring Prisons in Scotland](#).

HMIPS co-ordinated the visits and were in attendance to take stock of the current situation in these prisons and in particular explore progress by the Scottish Prison Service (SPS) and the establishment against the key action points made in the [original report](#).

These liaison visit reports will 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.

An update on the recommendations from the original report can be found at Annex A; and Annex B summarised the Good Practice and any new Action Points identified during this return visit. All acronyms used in this report are listed in Annex C.

## **REPORT ON A RETURN VISIT TO HMP ADDIEWELL ON 17 JUNE 2021**

While the visit was focussed on the quality indicators under standards 6, 7, and 9, and follow-up to action points from our previous visit, inspectors took the opportunity to tour the establishment and speak to staff and prisoners, gain an impression of how the establishment was performing during the prolonged pandemic.

HMIPS welcomed the introductory briefing given by the Deputy Director and the tour of the new opportunities in the Education area.

Relationships between staff and prisoners were observed to be largely positive, especially when staff with more experience were on duty. Some prisoners did indicate to inspectors that they were anxious about the ability of less experienced staff to handle more difficult prisoners. Prisoners were particularly positive about those staff working in the induction area.

We remain concerned that the critical balance between experienced and relatively new in post staff is not correct and this impacts adversely on the establishment, particularly when faced with a crisis.

At the time of our last liaison visit in May 2020, the prison had been required to operate with very small household bubbles, severely limiting the number of prisoners who could be unlocked at any one time. It was pleasing therefore to see much larger sections being opened at a time and a relatively more normal regime in operation, with more systematic engagement with prisoners than on our previous visit.

This visit again demonstrated the quality of the educational and training opportunities on offer within the establishment and the enthusiasm of staff to innovate and provide a quality learning and developmental experience. However, Inspectors were struck by how few prisoners were engaging with the opportunities on the day we visited.

Evidence was provided during the visit, that approximately 86% of prisoners were currently engaging in some aspect of education provision and Education Scotland inspectors were impressed by the efforts made during a challenging period to refresh learning facilities and explore, through pilot projects, the potential of blended and remote learning in improving access to a wider range of learning opportunities. Nevertheless given the quality of the learning opportunities on offer, we urge stronger efforts to engage and support prisoner attendance and maximise use of these excellent facilities.

The prison was generally clean and the regular use of chlorine-based cleaning products was in evidence. A few hand sanitising stations were empty, but in general there were plenty of opportunities and encouragement to use hand sanitisers. However, issues around the cleaning of the ATM style Kiosk were highlighted by HIS.

Within cell showers available, prisoners reported that they were given the opportunity to take fresh air every day and this also included those that had been isolated under Rule 41 (COVID-19).

Physical distancing was appropriate and the related Action Point from the previous visit has now been closed.

## COVID-19 commentary

In looking at the three quality indicators below we will take account of the following PANEL principles.

**Participation:** prisoners should be meaningfully involved in decisions that affect their lives.

Purposeful activity has been affected across the whole prison estate since restrictions were put in place in March 2020, and this was still the case in HMP Addiewell. We saw a reduction in work parties by 48% from pre COVID-19 levels with only less than a third of those able to work, engaged. However, attendance was reasonably high for those allocated work. Education was a similar story where opportunities were greatly reduced. In-cell learning had gone some way to mitigate the reduction in service with a good variety of activity packs. Since the easing of restrictions, the education department had visited the residential areas allowing them to engage with prisoners who had previously shown no interest in education. A positive note was the opportunities for prisoners to choose what to read, play and watch through access to a mobile library.

Although opportunities to gain formal certificates were available, the majority of those were in areas of elementary food hygiene and industrial cleaning, to enable the prison to be kept clean and safe. Other areas of opportunities to get involved in purposeful activity were opening up with the introduction of a recovery café and a recording studio and radio station. A pilot scheme involving a Scottish college and the prison's partners in the USA in a remote blended learning model is innovative and will hopefully allow greater access to a wider range of education. A highlight was the opportunities for prisoners to keep fit by way of attending the gymnasium three times per week.

Opportunities for progression had been available throughout the pandemic with most processes kept in place. Although the Integrated Case Management (ICM) process had been suspended briefly, staff had worked hard to ensure those on enhanced ICM were dealt with. Similarly, group programmes had been suspended but it was commendable that staff had carried out one-to-one work with individuals to enable them to finish their programmes.

Due to partner agency staff working from home, access to their clients had been restricted to phone calls; some individuals like this type of communication, but it was recognised that developing relationships was more difficult and a return to face-to-face meetings was necessary. Although individuals subject to statutory supervision on release were subject to multi-agency involvement, those on short-term sentences were dealt with in a more informal way. Issues such as lack of transport was mitigated by arranging drop offs at railway and bus stations.

**Accountability:** there should be monitoring of how prisoners' rights are being affected as well as remedies when things go wrong.

The right to a fair hearing through processes such as ICM, Multi-Agency Public Protection Arrangement (MAPPA) and Risk Management Teams (RMT) has to some extent been affected throughout the prison system as a result of COVID-19 related restrictions. Nevertheless, HMP Addiewell management team set up processes quickly to allow meetings to take place via a video-based platform and ensured key staff had quick access to this facility. These timely interventions benefited teams such as the Prison Based Social Work (PBSW) who had full access to systems whilst working from home. The prison also ensured that telephone interviews could take place with multi agencies by setting up a facility in the Librite Centre. Those agency partners with whom inspectors spoke were very complimentary on the communication and speedy arrangements that allowed them to carry out their roles in supporting prisoners as effectively as possible. HMP Addiewell had linked in well with other organisations, supporting an initiative to address digital poverty, targeting families who may need financial support and/or equipment to make best use of remote visiting.

Conversely concerns were raised on the lack of escorting staff, which has impacted on prisoners missing their appointments in the healthcare centre. This has been reported to the prison senior management team. The greater concern is that the prison regime is not yet fully functioning and there is a risk as activity increases that this will impact further on waiting times and missed appointments. This has resulted in an Action Point by HIS that HMP Addiewell must seek solutions to facilitate the patient's ability to attend clinical appointments. This is a repeat recommendation from the Inspection in 2018.

**Non-discrimination and equality:** all forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.

Due to the narrow reporting on specific standards this principle was difficult to gauge. It was pleasing to note, however, that HMP Addiewell education department had provided materials in languages other than English.

An in-house vaccination programme had begun with patients being vaccinated aligned to community guidance from the Joint Committee on Vaccination and Immunisation. All prisoners eligible for the vaccination, and who had offered their consent, had received their first dose. A programme to administer the second dose was in place.

The ATM style Kiosk system for prisoners is available in a range of alternative languages and formats, including as pictures for those that may also have literacy needs. This is particularly helpful for those wishing to request medical support without having to ask others to assist. Patients whose first language is not English are identified on admission by NHS staff so that their needs are

accommodated either through language line and translation services, to ensure communication on treatment is understood.

**Empowerment:** everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.

Due to the narrowed focus of this short visit there is nothing specific to report in relation to empowerment, but we will look at this in more detail in our next full inspection.

**Legality:** approaches should be grounded in the legal rights that are set out in domestic and international laws.

The focus of this particular visit was relatively narrow, but no issues of legality were identified during the visit.

## **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**

11. Education, Employment and Physical Education (PE): we will check the progress of the SPS recovery plan for this element including the availability of purposeful activity for all cohorts in the prison. We will understand the impact of the COVID-19 restrictions on purposeful activity and check the percentage of prisoners receiving purposeful activity. We will check access to the gym, if the gymnasiums are available, including satellite gymnasiums and/or information sheets for prisoners to keep fit and healthy. We will also check access to outside PE facilities. An advanced data request by the Education Inspectorate will be used to collate figures prior to the Liaison Visit (LV). (Standard 6 - Purposeful Activity)

### **Visit findings**

Availability of purposeful activity continued to be substantively restricted as a result of COVID-19 measures and the impact these have on prison regimes. This was particularly the case for access to work parties. In the week prior to visit, planned employment opportunities were at approximately 52% of pre COVID-19 levels, with attendance levels at approximately 95% which is in line with pre COVID-19 levels. The focus of work parties continued to be on essential services such as cleaning, preparing hygiene packs and catering. However, only 32% of prisoners were engaging, or able to engage, in work parties. The structure of the 'core day' is currently under review with a view to increasing access to purposeful activity opportunities.

The range of activities available within education had again been substantially reduced from pre-pandemic levels. A list of 23 pre-pandemic options had reduced initially to eight planned core priority options; this has now increased slightly, albeit still with fewer options than pre-pandemic. Likewise, planned places or attendance opportunities had initially dropped to approximately 19% of pre-pandemic levels, but had subsequently increased slightly since the initial period of COVID-19 restrictions. At approximately 75%, actual attendance levels at the time of our visit were higher than both the pre-pandemic period and the initial period of COVID-19 restrictions. Overall, at the time of our visit, approximately 86% of prisoners were currently engaging in some aspect of education provision.

The prison had implemented a range of mitigations to enable education alternatives to be offered for prisoners. For example, expanding in-cell learning provision, the production and distribution of activity packs three times per week, and the implementation of a mobile library service which allowed prisoners weekly access to books, DVDs and computer games. As restrictions have eased and when safe to do so, education staff had engaged with prisoners in the wings/mezzanines to support them in education related activities. This also provided an opportunity to engage with prisoners who had not previously engaged in education. Further work had been done to provide materials in languages other than English.

Formal certification continued to be offered through SQA, CSCS and CPSS. However, most (approximately 86%) of formal certification achieved by prisoners from March 2021 had been in the areas of elementary food hygiene and industrial cleaning, to enable prisoners to participate in catering and cleaning work parties.

During the closure of education facilities, significant work has been done to refresh and repurpose areas including classrooms and the library. For example, physical space in the library had been reconfigured to provide space for a Recovery Café classroom area and an employment classroom area. This was providing greater flexibility and opportunities for prisoners to engage in purposeful activity to support their mental health, recover from substance misuse and prepare for seeking employment upon their release.

In addition, significant new developments had been implemented – namely a recording studio and radio station. Although in the early stages of development, prisoners had been able to write, perform and record their own music. A partnership with Conviction Records Glasgow was assisting in providing support for prisoners in this area. In addition to artwork, some of these recordings had been submitted as part of Koestler Award entries. At the time of the visit, there were units from three SQA National Progression Awards in digital media being developed by education staff to extend certification opportunities linked to potential employment opportunities. There were also wider discussions with employer groups to inform planning of learning opportunities, for example with Halfords and Sleep Pods.

Recommencement of classes had been possible with appropriate COVID-19 measures, including physical distancing, in place. However, this and the impact of the current regime which offered two sessions per day (four per day pre-pandemic), significantly limited the scope of activities in which prisoners could participate.

The prison had undertaken valuable pilot activity in delivering learning opportunities to prisoners via remote and blended learning, in conjunction with partners in the USA and one of Scotland's colleges. This, and developments underway to support further in-cell learning, had the potential to provide improved access to education and a greatly enriched range of opportunities going forward. We look forward to seeing this come to fruition.

Gym and outdoor exercise facilities were of a high standard, with the gym benefitting from a refurbishment during closure. The configuration of equipment had been rearranged to maximise capacity in line with appropriate COVID-19 safety measures. For example, reconfiguring the main sports hall to accommodate fitness equipment

such as indoor cycling, and moving some weight training equipment to the outdoor all-weather sports area. Although COVID-19 safety precautions limited the throughput of prisoners, prisoners had access to the main gym facilities three times per week. Gym facilities were well used and attendance levels high. In addition, access to satellite gyms in the residential wings were now available.

**Good Practice 1:** HMP Addiewell have made good use of a challenging period to refresh learning facilities and also explore, through pilot projects, the potential of blended and remote learning in improving access to a wider range of learning opportunities than could be provided in-house within a single unit.

**Potential future Good Practice:** Inspectors were impressed by the work producing sleep pods and the potential for the music/radio studio and partnership with Convictions Records Glasgow to provide exciting new opportunities for prisoners, but at the time of our visit it was too soon to assess the long term impact of these projects.

**Action Point 1:** HMP Addiewell (in conjunction with SPS) should continue to monitor closely opportunities to resume non-essential work parties at the earliest opportunity and plan for reintroduction of these for prisoners as soon as it is safe to do so.

**Action Point 2:** HMP Addiewell should build on early progress with plans for prisoner re-engagement with education opportunities, including building on the experiences of blended/remote learning pilot activity to enhance further the range or, and prisoner participation in, certificated and informal learning opportunities.

## 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

13. Progression: we will look at the progress SPS has made through the recovery plan on progression. This will include looking at sentence planning, RMT, Integrated Case Management (ICM), National Top End (NTE) and transfers. We will check the access to offending behaviour programmes and the waiting lists and concerns. We will check that all processes are in place to ensure progression is being managed and understand the inhibitors and shortfalls. **Some information will be sought remotely and prior to the LV.**

14. Prisoners on release: we will consider throughcare arrangements, including links between prison-based and community-based social work services. We will look at reintegration plans developed with those leaving custody regarding access to housing services and how many prisoners are released to no fixed abode. What health and social care support they will receive, contact with family support and welfare services pre-release, and opportunities to utilise their time constructively. **Some information will be sought remotely and prior to the LV. The Care Inspectorate representative will be supported by a colleague undertaking telephone and video interviews both prior to and during the LV.**

### Visit findings

During the pandemic key progression processes had continued, including RMT, ICM, Generic Programme Assessment and Programmes Case Management Board. Transfers to the NTE and Open Estate were suspended throughout the Scottish Prison Estate due to the imposition of COVID-19 restrictions. The relevant RMTs placed prisoners onto appropriate waiting lists, and on the easing of restrictions, transfers resumed. Despite this, there was a view from two individuals inspectors spoke with that there were some delays in accessing programmes or moving to less restrictive environments, which they both attributed to the impact of COVID-19.

ICM meetings were suspended briefly in line with national guidance and the redeployment of key staff had increased pressure on a small group of staff who had worked hard to ensure that residents subject to enhanced ICM processes had not been affected. The need for Case Management personal officers to assist operationally had subsided more recently and the establishments benefited from considerable experience in these roles. Most of the individuals inspectors spoke with were able to comment positively on the role of case management staff in planning for progression or release.

With the suspension of group programme work there had been an inevitable wait for individuals to access agreed programmes. Adapting to the restrictions imposed during the pandemic, group work staff had continued with one-to-one work to help individuals complete the programmes they had started. Groups were due to restart and with limits on numbers it is inevitable that a waiting list had developed for access to these.

RMT meetings had taken place via a video-based platform and the establishment had ensured that key staff had quick access to this facility, ensuring that they could also continue to attend externally arranged meetings, including MAPPA and parole meetings. This timeous response to meet the challenges of restrictions imposed during the pandemic has also benefitted the PBSW Team who had been able to work effectively from home, having full remote access to all relevant systems. This had also fully supported attendance of social work staff at ICM meetings during times where access to the establishment has been restricted.

Relationship between key establishment staff and prison based social work benefits from long established relationships. They both commented on how well they had worked together during the pandemic to ensure that plans for individuals subject to statutory supervision on release were well developed and underpinned by robust assessment of risk and need. Added to this, well-established relationships with community based social work colleagues had ensured that communication and collaboration was good. It had continued to be difficult to ensure that assessments were properly informed in relation to health issues, with some concern that this had delayed the completion of key reports and discussion of individuals at key forums, including RMT.

PBSW staff had continued to work from home but there was an ongoing presence in the establishment as agreed. Access to residents had been affected and was reduced to phone calls. Whilst inspectors heard that this mode of communication suited some individuals, we also noted the difficulty in developing relationships with individuals this way and the need to return to direct face to face engagement.

Due to a restriction in transfers between establishments, HMP Addiewell and Social Work had to work closely to support the liberation of some individuals subject to statutory supervision, including organising transport to railway and bus stations.

Whilst plans for individuals subject to statutory supervision on release were subject to multi-agency involvement through key processes, for residents on short-term sentences planning was much more informal during the pandemic and relied on engagement with individuals on the wing and the role of personal officers. The redeployment of case management staff inevitably impacted on planning transitions for this group.

All partner agencies were restricted in attendance at HMP Addiewell due to both theirs and the establishment's assessment of risk. Telephone interviews, with facilities established in the Librite Centre, became the sole method of contact with individuals. This was the case during the visit for some agencies but more recently, some agencies had begun to conduct face to face interviews. This included access to throughcare services and those involved in working with families. Services

continue to be concerned about the lack of direct contact and how this may affect an individual's engagement with services back in the community.

All the agencies inspectors spoke with involved in supporting individuals on release reported effective communication with HMP Addiewell throughout the pandemic. However, an established multi-agency forum in place prior to the pandemic was stopped after initially meeting remotely. There was no clear plan to re-establish this group, which was viewed by those inspectors spoke with as a positive opportunity to encourage collaboration and maintain an oversight of individuals due for release.

During the pandemic there had been changes to the availability of job centre and housing staff. In relation to housing, there had been potentially positive developments with the establishment of 'SHORE' workers in local authority housing teams. It was too early to note any impact of this approach which replaced a previous dedicated housing worker with a strong presence in the Librite Centre. It was unclear what the presence of job centre staff would be following the pandemic, but at the time of the visit this was reduced from the service previously available to individuals.

The establishment had linked in well with organisations to respond to the impact of the pandemic on individuals and their families. HMP Addiewell had supported an initiative to address digital poverty, targeting families who may need financial support and/or equipment to make best use of remote visiting. From the people inspectors spoke to during the visit, contact with family was strongly encouraged as a key aspect of successful transition back to the community. Family support agencies were available and the establishment dedicated good appropriate space for visits.

Recovery groups established prior to the pandemic had recently been restarted for reduced numbers, but these groups were viewed positively by individuals involved. They had also been successful in making links back in the community for individuals due for release. The involvement of external agencies in delivering these group sessions was reduced during the pandemic but this was also due to restart. During the pandemic they had established a new 'protected' recovery group and intended to continue with this.

**Good Practice 2:** to minimise the impact of restrictions on individual progression, HMP Addiewell had responded quickly to ensure that all staff would have the access they need to key technologies to play a full part in internally and externally arranged planning meetings.

**Good Practice 3:** the PBSW Team had been well supported by the local authority and HMP Addiewell to fulfil its role in relation to key processes for progression, including providing timeous reports to inform defensible decision making. This has enabled some individuals to transfer to less restrictive environments during the national restrictions imposed by the pandemic.

**Good Practice 4:** to ensure that all can be done to support a successful transition back to the community for individuals, HMP Addiewell have supported agencies to address the issue of digital poverty for families.

**Good Practice 5:** to ensure that individuals continue to have access to groups providing support with recovery from problematic substance use, HMP Addiewell have adapted the provision of groups and increased the availability to other individuals. This has also been effective in linking individuals with similar support back in the community.

**Action Point 3:** to ensure that there are no unnecessary delays for individuals, HMP Addiewell must ensure health partners understand the important part they play in robust timeous assessment.

**Action Point 4:** to ensure that individuals receive the support they need upon release, HMP Addiewell should continue to encourage and enable direct contact between agencies and individuals prior to release. This will be key for the development of relationships which can maximise the engagement of individuals in the community.

**Action Point 5:** to maximise the collaboration of agencies to promote successful transition to the community for individuals, HMP Addiewell should restart the multi-agency meetings in place prior to the pandemic. This forum was ensuring good oversight of plans for individuals due for release.

## **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**

15. 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. Checking processes are in place to support people with pre-existing health conditions and that access to vital healthcare is available to all cohorts. We will gain an understanding of the mental health challenges.

### **Visit findings**

#### **How we carried out the liaison visit**

HIS asked NHS Lothian staff at HMP Addiewell to complete a pro forma in advance of the LV regarding the healthcare provision during the pandemic. HIS inspectors then held a teleconference meeting with the healthcare staff to discuss the completed pro forma and to help inform the key lines of enquiry for the LV. During the visit, two inspectors spoke with members of staff. Inspectors visited all areas in the prison where healthcare is delivered including the health centre and residential halls containing treatment rooms and medication dispensary rooms. The inspectors did not speak with or come into contact with any patients given restrictions on the movement of prisoners and also to safeguard prisoner and staff safety.

#### **Access to care**

HMP Addiewell has experienced significant challenges with outbreaks of COVID-19. A command room to help manage these was set up with daily discussions between the private contractor Sodexo Justice Services (referred to as Sodexo), healthcare and public health while the outbreaks were brought under control. Staff worked closely with public health and an incident management team (IMT) was set up, led by a public health consultant. Public health representatives visited HMP Addiewell to offer advice and support to staff during this time. Staff described this support as invaluable. Staff have also been supported by NHS Lothian's infection prevention and control teams who have provided regular updated guidance on Personal Protective Equipment (PPE). Daily handovers take place with HMP Addiewell healthcare staff and updates are shared by email.

Further outbreaks of COVID-19 occurred in early 2021 resulting in prison lockdown and no new prisoners being admitted. Healthcare staff tested all patients following public health advice and patients were supported to isolate accordingly. All patients

testing positive had daily welfare checks carried out. These interactions identified any physical healthcare needs as well as a focus on the patients' mental health and wellbeing. **This is good practice.**

All patients who are admitted to HMP Addiewell are assessed on arrival by primary care nurses. Their care is planned accordingly, which may involve scheduling an appointment for the Advanced Nurse Practitioner (ANP) or GP the following day. Patients are then moved to an area in the prison for their first night in custody. Any patients displaying signs of COVID-19 would be tested and would remain there for the required period of isolation. Healthcare staff delivered healthcare and medication directly to the patient's cells, wearing the required PPE. Follow-up assessments by the ANP would also take place in the patient's cell, if required.

Sodexo staff have managed patients in bubbles in the residential areas to minimise the spread of transmission whilst allowing prisoners to access the kiosk system for healthcare referrals, collection of meals and access to fresh air.

HMP Addiewell had no positive cases of COVID-19 and no patients were symptomatic during our visit.

Staff have been trained to deliver COVID-19 vaccinations and an in-house vaccination programme has begun with patients being vaccinated in line with Joint Committee on Vaccination and Immunisation guidance. All prisoners eligible for the vaccination and who have consented have had their first dose and a programme to administer the second dose has commenced.

All NHS staff within HMP Addiewell are carrying out twice weekly Lateral Flow Tests (a rapid test for COVID-19 that does not require laboratory equipment) and the results are reported on the NHS portal. At the time of the visit, all NHS staff who had consented had received both COVID-19 vaccinations through NHS Occupational Health Services which were recorded on the vaccination management tool.

### Primary care

At the start of the pandemic, healthcare services in HMP Addiewell were reduced to emergency referral and assessments only, in line with community provision. However, once PPE guidance had been updated and staff had access to the correct PPE in line with Health Protection Scotland guidelines, normal services resumed. Service provision in HMP Addiewell continued to be expanded or retracted depending on the level of pandemic pressures, such as lockdowns following outbreaks and staff having to self-isolate. During this time, health care interventions and medicines were delivered directly to the patients in their cells.

All new arrivals were tested for COVID-19. **This is good practice.** A decision was made by the IMT in April 2021 to suspend this service. At the time of the visit, this was currently being discussed at the IMT meetings in terms of capacity and resources to recommence this service.

The referral process remained unchanged during the pandemic. Prisoners request healthcare services via the Kiosk (an electronic information and booking system). All

referrals are triaged and appointed for the appropriate service, such as a GP, ANP or treatment room. During the pandemic, the healthcare team ensured prisoners had time to access the Kiosk. Nursing staff would ask the patients who were isolating about their medical needs during the daily welfare checks that were carried out.

Prisoners receive general advice at the Kiosk and access to information leaflets which are on display. The Kiosk system is available in a range of alternative languages and has alternative formats, such as pictures for patients who may have literacy needs. Patients whose first language is not English are identified at admission and their needs are accommodated either through language line and translation services, to ensure communication on treatment is understood.

Medications are dispensed morning, lunch-time and late afternoon as required. The healthcare staff ensure at least a four-hour gap between administration doses and in some cases, altered the medication from three times a day to twice daily to allow this to occur. However, we were told that medication prescribed to help patients sleep can be administered as early as 16:30 hours to accommodate the prison regime.

**This is not good practice and is a significant concern.**

Staff told us there is an ongoing issue with the use of non-psychoactive substances (NPS) in the prison since the reopening following the outbreak. This has resulted in increasing pressure for healthcare staff, as the emergency response requirement has substantially increased. We were also told that patients are given seven days' supply of in-possession medication on Saturday mornings to accommodate the prison regime. Healthcare staffing levels are reduced at weekends and staff are reporting added pressure in attending emergency codes due to medications being abused.

Sodexo must work with NHS staff to seek solutions to address medication administration times and reduce the risks for patients and staff (**Action Point 6**).

Patients with long-term conditions are identified at admission. Care planning is in place and the nursing team carry out reviews for long-term health conditions which are equitable with the community provision. HMP Addiewell has a GP in attendance four days a week. It also has a robust ANP service in place and both disciplines work very well together. The ANP works closely with specialist nurses (diabetes) and consultants (cardiology, gastroenterology, endocrinology, respiratory and haematology) in St John's Hospital and is able to email for advice and guidance. The ANP has continued to independently review patients during the pandemic and those patients who were isolating were reviewed in their cells.

Healthcare management presented evidence of waiting times for primary care services. Healthcare staff continue to deliver an excellent timely healthcare service despite the pressures of the pandemic.

During our last inspection, we were aware of the challenges healthcare staff encountered getting patients to the health centre to attend clinics. This issue is multifaceted. We were shown evidence of missed appointments which was broken down to display the clinical hours lost and some of these figures were significantly high. Senior management report this information to senior management at Sodexo.

This is a concern as the prison regime is not yet fully functioning and there is a risk as activity increases that this will impact waiting times. Sodexo must seek solutions to facilitate the patient's ability to attend clinic appointments (**Action Point 7**).

### Secondary care

Access to secondary care appointments continued unless appointments were cancelled by local hospitals. Near Me (a secure NHS video call service for patients) was installed into the health centre to allow remote consultations where appropriate, in addition to telephone consultations. Patients are supported to attend virtual appointments by members of the healthcare team.

There has been no change in the process for transferring a patient to hospital for treatment. Healthcare staff informed us there had been no issues in transferring individuals to hospital when required.

Social care commenced in April 2021, following a patient requiring overnight social care. This was supplied by Sodexo the private contractors. NHS staff continued to work closely with the contractors to review the patients care and treatment on a daily basis.

At the time of the visit, the waiting times for dental services was high at 16 weeks. This is over the Scottish Government target of 10 weeks and is a concern. Dental services had been suspended from March 2020 to June 2020 as per SPS restrictions and the community provision. The dental team issued a communication to prisoners explaining the reduced treatments available during the pandemic. Dental nurses still attended during this time to monitor any patients with toothache and were trained to assist healthcare staff with administration of medication. **This is good practice.** At the time of the visit, new machinery had been installed that allows the dental team to provide more treatment options. A proposal had been submitted to carry out Aerosol Generating Procedures (AGPs) in the dental practice within HMP Addiewell. The majority of urgent dental cases were being managed without the use of AGPs. If an AGP was required, it is outsourced to an external dental clinic. No AGPs were undertaken in the prison dental suite during the pandemic.

Optician services initially stopped in line with the community provision but resumed in September 2020. At the time of the visit, HMP Addiewell was working through the backlog of appointments.

The 'Quit Your Way' service (an advice and support service for anyone trying to stop smoking) stopped attending the prison during the pandemic, however Nicotine Replacement Therapy was still being offered to new admissions.

### Mental health and substance misuse team

In HMP Addiewell, the mental health and substance misuse team operated as a joint team. Referrals are reviewed frequently by the team and patients are allocated an appointment based on their current need and symptoms. At the start of the pandemic, mental health services were reduced to emergency referral and

assessments only, in line with the community provision. In June 2020, routine mental health assessments resumed. Due to staff shortages in the primary care team, the mental health nurse supported medicine administration. We were told that this therefore impacts the available time that mental health staff have to spend with patients. At the time of the visit, waiting times for an appointment was three weeks. Missed appointments also had a significant impact on clinical hours available and could affect waiting times. Group work is on hold until a suitable area adhering to social distance can be sourced.

Clinical psychology services stopped at the beginning of the pandemic however, they have now recommenced. Waiting times is currently six weeks for a clinical psychology assessment. HMP Addiewell has three psychiatrists that attend the estate to see patients and during the visit, we saw a psychiatrist was attending twice a week to provide support and advice.

Patients isolating as a result of COVID-19 and who were known to the mental health team were individually catered for and provided with in-cell materials to meet their needs to reduce boredom and improve wellbeing.

Where required, transfers to in-patient mental health units continued during the pandemic using the normal patient transfer process.

### Substance misuse

Substance misuse services (apart from emergency referrals) were suspended during the initial stages of the pandemic, but recommenced in June 2020 to anticipate potential increased demand due to patients being liberated early. However, the addictions team did not see a significant increase in demand for their services.

Opiate Replacement Therapy (ORT) and the management of patient prescriptions with community teams also continued with no delays in commencing ORT. The main service change was the introduction of Buvidal (injectable Buprenorphine). This was initially offered within certain criteria outlined by NHS Lothian. Since the beginning of 2021, the addictions team have been able to offer this treatment option to a wider range of patients and currently had 12 patients in receipt of this treatment.

Training on the use of Naloxone (a drug used to reverse the effects of an opiate overdose) continued for patients with a planned liberation date and Naloxone was available in both nasal and injectable form.

Blood Borne Virus clinics were initially suspended due to in-reach staff not being allowed into the prison, but these resumed in June 2020.

### **Infection Control/Health centre environment**

On entering the prison, we observed appropriate infection prevention and control measures, including alcohol-based hand sanitisers and bins for disposal of PPE. Good signposting was in place to limit the number of people allowed in an area at the same time.

Areas where healthcare is delivered are cleaned by Sodexo and passmen clean the clinic every day. The provision and standard of cleaning was very good and the healthcare team had no concerns about the cleaning provision. Both cleaning staff from Sodexo and passmen were visible during our visit and were cleaning frequently touched surfaces, such as door handles. At the time of the visit, nursing staff were using the correct cleaning products (in line with national guidance). These products were available for use throughout the healthcare environment. Hard surface areas are wiped using disinfectant wipes on a daily basis and after each patient. The products in use by Sodexo used in all areas including residential areas have been reviewed by Public Health and meet national guidance.

A Kiosk system was in place for prisoners to use to order meals, personal items and refer to healthcare. This system is used by prisoners multiple times a day. Sodexo staff described varying ways in how the Kiosk system is cleaned in between use and this process lacked consistency. This is a concern. The Kiosk requires to be decontaminated in between use with products that meet national guidance, in order to reduce the risk of spread of COVID-19. Furthermore, prisoners using the Kiosk should be encouraged to clean their hands before and after using it. Sodexo must implement a consistent system and process for cleaning of the Kiosk evidencing that the product in use meets national guidance with immediate effect, including hand hygiene prompts for prisoners (**Action Point 8**).

Equipment used by nursing staff in all areas 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. Cleaning schedules were available to review during the visit.

Support from public health, infection control and incident management teams has been evident. Throughout the pandemic a local public health consultant, public health nurse and infection control link nurse attended the prison in an advisory capacity as and when required.

Staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover and safety briefs. **This is good practice.**

All staff have received training on the use of PPE such as donning and doffing. Although all healthcare staff were knowledgeable in using PPE, HMP Addiewell had been challenged with some staff PPE breaches during the outbreaks which meant a number of staff had to self-isolate. Education was carried out in terms of precautions, social distancing and PPE, measures to support staff to follow the guidance. All learning from the HMP Addiewell outbreaks was shared with staff at HMP Edinburgh.

At the beginning of the pandemic, NHS staff committed to continuing to provide airway management as part of any requirement to do so as part of code blue callout (where a prisoner has symptoms such as chest pain, breathing difficulties or is unconscious). This is considered as an AGP, therefore all staff involved in this must be mask fit tested for FFP3 masks. The majority of staff, but not all, have been mask fit tested and have access to FFP3 masks in the event of attending an emergency

callout (code blue). This is a concern. New masks have been introduced and staff require to be re-mask fit tested. We have been told that staff are going to be trained to deliver mask fit testing onsite. No staff member should be involved in any AGP without the appropriate PPE and must be mask fit tested (**Action Point 9**).

In early 2021, all NHS staff attended meetings to review the office space with support from Sodexo. This resulted in a supply of new desks and relocation of rooms to improve the environment and staff wellbeing.

We saw evidence of efforts taken to reduce the patient footfall in the health centre as required by physical distancing requirements.

### **Governance, leadership and staffing**

At the onset of COVID-19, the NHS board established structures to support decision-making and oversight of prison healthcare. NHS Lothian 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, the Health and Social Care Partnership and prisoner healthcare to discuss workforce, clinical demand and the allocation of resources.

Public health teams and infection prevention and control teams have supported HMP Addiewell during the pandemic, visiting the site and offering support and guidance. Staff described the communication as excellent. Senior managers from the Royal Edinburgh Hospital and Associated Services (REAS) visited HMP Edinburgh and HMP Addiewell prisons during the pandemic to listen to staff and to also offer support.

The healthcare management team produced a social distancing risk assessment and this resulted in room moves and smaller desks being ordered for the healthcare team. The healthcare manager escalates any concerns to the REAS Senior Management team on regular basis. The risk register highlights that healthcare delivery will be subject to change due to multiple factors, such as COVID-19 outbreaks, changes to the SPS prison regime following the SPS Pandemic Plan and potentially fluctuating NHS staffing levels.

In March 2020, Sodexo changed the prison regime in response to the pandemic and reduced Sodexo staffing levels. The NHS staffing shift pattern was also altered to align with the new prison regime. At times after lock-up at 18:00, the staffing levels had been reduced due to staff sickness, vacancies and staff shielding. However, we were informed that the reduced staffing levels remained safe for new admissions. At the time of the visit, HMP Addiewell had not reverted to a normal regime.

At the time of the visit, there were staffing pressures within HMP Addiewell with three primary care nurse vacancies outstanding. One full-time Mental Health and Addiction Nurse has just been recruited to, but two posts were still out to advert. There are general recruitment issues across NHS Lothian for Band 5 posts. Shortfalls are currently managed with support from NHS Lothian staff bank, agency staff, existing staff working overtime or bank shifts.

Staff have continued to be resilient throughout the pandemic but are reporting feeling exhausted. Healthcare staff must be commended for their efforts to provide an excellent service for healthcare delivery to patients. NHS Lothian has supported teams to over recruit to nursing posts for all areas over the last year to support safe staffing levels. Senior management told us that staffing levels that cause concern and are escalated accordingly through governance structures. Senior management are seeking solutions to the staffing issue and have committed to providing extra staff at weekends including a member of the mental health team. A health needs analysis was being undertaken which includes a review of staffing levels required within prison service as a whole.

HMP Addiewell, along with other prisons, is currently having challenges with late arrivals of prisoners from courts. This is acknowledged as a transport problem (as opposed to the courts) and has been escalated nationally. Late arrivals into the prison take place between 18:00–20:00. Nursing staff have continued to stay later than their scheduled shift to ensure these patients are admitted. This meant staff working long hours adding to fatigue.

A range of resources are available to support staff health and wellbeing. This includes a daily newsletter which is shared with staff and has information and links to the support available to them. Staff can also be supported for their personal wellbeing by a clinical psychologist across both sites which is good practice. However, primary care staff reported they are not using these services due to the nature of their workload. Where possible, a structured plan for staff should be encouraged to allow them to attend such sessions to maintain their personal wellbeing (**Action Point 10**).

**Good Practice 6:** All patients who tested positive for COVID-19 had daily welfare checks carried out which identified any physical healthcare needs as well as a focus on the patients' mental health and wellbeing.

**Good Practice 7:** All new arrivals into HMP Addiewell were tested for COVID-19.

**Good Practice 8:** Dental nurses still attended HMP Addiewell during the pandemic to monitor any patients with toothache and were trained to assist healthcare staff with administration of medication.

**Good Practice 9:** Staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover and safety briefs.

**Action Point 6:** HMP Addiewell must work with NHS staff to seek solutions to address medication administration times and reduce the risks for patients and staff.

**Action Point 7:** HMP Addiewell must seek solutions to facilitate the patient's ability to attend clinic appointments.

**Action Point 8:** HMP Addiewell must implement a consistent system and process for cleaning of the Kiosk evidencing that the product in use meets national guidance with immediate effect, including hand hygiene prompts for prisoners.

**Action Point 9:** REAS senior management must ensure that no staff member should be involved in any AGP without the appropriate PPE and must be mask fit tested.

**Action Point 10:** The healthcare manager should encourage, where possible, a structured plan for staff to allow them to attend sessions to maintain their personal wellbeing.

## **Return Visit Conclusion**

The main purpose of this visit was to check on progress with actions recommended at our last visit and allow colleagues from HIS, Education Scotland and the Care Inspectorate who could not attend our last visit to provide more expert analysis in the areas of health, education and training and support for those on release. We were pleased at the end of the visit to close five of the previous six action points, but encourage further work to consolidate TTM processes, recognising action has been taken but more is needed.

While the prison was still affected by having to operate under COVID restrictions, it was encouraging to see that the regime had opened up considerably since our previous visit with prisoners able to move about and socialise in bigger groups. Relationships between staff and prisoners were positive, although management recognised that building experience amongst staff was a continuing challenge. This remains a key area of concern for HMIPS.

The quality of the educational and training facilities available at HMP Addiewell was again clearly evident and Education Scotland inspectors were impressed by the efforts to refresh the learning facilities and explore the potential for blended and remote learning to improve the range of learning opportunities. HMP Addiewell should build on good early progress in re-engaging prisoner participation in education to make best use of the facilities available here.

The establishment had made efforts to minimise the impact of restrictions on progression and the prison based social work team had been well supported by the local authority and the prison to fulfil its role. The efforts to tackle digital poverty and support access to virtual visit technology for the families of prisoners is also commendable. Inspectors also welcomed the action to support those groups recovering from substance abuse issues both in the prison and on release into the community. Nevertheless HMP Addiewell should continue to encourage direct contact between agencies and individuals prior to release and restart the helpful multi-agency pre-release planning meetings, which provided effective oversight of planning for those due to be released.

HIS inspectors highlighted a number of points of good practice including the fact that all new admissions to HMP Addiewell are tested for COVID and that daily health and wellbeing checks are carried out on all prisoners who test positive for COVID and are required to self-isolate. The continued attendance of dental nurses in HMP Addiewell during the pandemic was similarly praised.

A number of action points were identified, however, by HIS inspectors. HMP Addiewell and NHS staff must work together, for example, to find solutions to the challenges in administering medication at the appropriate time and facilitate the ability of individuals to attend clinical appointments. While the prison was generally very clean, with appropriate use of chlorine based cleaning products, HMP Addiewell must implement a more consistent and effective process for the cleaning of the Kiosk, evidencing that the product used meets the national guidance. Action must also be taken by REAS senior management to ensure no staff member is involved in any AGP without the appropriate PPE with the mask tested for fit.

## Progress update on Action Points (APs) from previous report

Action Point	Text	Progress
1	All efforts should be made to adhere to SD or a mask to be worn if this is not possible.	HMP Addiewell. There was significant evidence of good communication to both those who live and work in HMP Addiewell, regarding the requirements to adhere to socially distancing guidelines. This included instructions on how, when and where to wear face masks and other PPE. Access to communications are held electronically and could be observed being displayed in areas around the prison. At no time during the visit did any inspector see any actions to the contrary. <b>HMIPS consider this action closed.</b>
2	Appropriate flasks should be provided to observe Ramadan both in keeping the foodstuffs separate and at the correct temperature.	<b>HMIPS consider this AP closed.</b> Thermal serving trays were purchased following the May 2020 Inspection, and were utilised for Ramadan 2020. Samples of the trays were made available for scrutiny.
3	HMIPS welcomed the fact that the roll out of in-cell telephony and virtual visits had now begun, this must be completed as quickly as possible to ensure improved and supported family contact.	<b>HMIPS consider this AP closed.</b> The implementation of mobile telephones was completed in July 2020. However, there are ongoing issues around the supply of phones and SIM cards. There is a project underway to introduce hard-wired phones within each cell. With a completion date of the end of June.

Action Point	Text	Progress
4	All TTM processes and documentation should be at the required standard.	<b>HMIPS consider this AP ongoing.</b> There were still issues with the TTM that we had found in earlier visits. In samples scrutinised, some signatures were missing, case conference numbers were not always recorded as well as personal information such as dates of birth. The TTM co-ordinator had been auditing 25% of all closed files and highlighted issues to staff and managers. To ensure compliance, training has been introduced to senior managers and FLMs on the completion of TTM case files. Part of this training is ensure that senior managers and FLMs audit all live cases to ensure that files are completed correctly before closure. All closed case files are now reviewed by the local TTM facilitator and any issues escalated.
5	SPS HQ and their partners should review the guidance under COVID-19 Rule 41 to allow access to fresh air	<b>HMIPS consider this AP closed.</b> Prisoners who are placed on Rule 41 now have daily access to fresh air and this is annotated on their Rule 41 documentation.
6	SPS HQ should consider using their education provider to provide a remote service.	<b>HMIPS consider this AP closed.</b> Although education is not fully functioning, plans are in place to increase access. The use of external colleges and partners overseas has enhanced education opportunities. The introduction of new subjects such as radio skills and music production has also increase learning opportunities.

## Summary of new good practice and action points identified during the return visit

### GOOD PRACTICE

**Good Practice 1:** HMP Addiewell have made good use of a challenging period to refresh learning facilities and also explore, through pilot projects, the potential of blended and remote learning in improving access to a wider range of learning opportunities than could be provided in-house within a single unit.

**Good Practice 2:** To minimise the impact of restrictions on individual progression, HMP Addiewell had responded quickly to ensure that all staff would have the access they need to key technologies to play a full part in internally and externally arranged planning meetings.

**Good Practice 3:** The prison based social work team had been well supported by the local authority and HMP Addiewell to fulfil its role in relation to key processes for progression, including providing timeous reports to inform defensible decision making. This has enabled some individuals to transfer to less restrictive environments during the national restrictions imposed by the pandemic.

**Good Practice 4:** To ensure that all can be done to support a successful transition back to the community for individuals, HMP Addiewell have supported agencies to address the issue of digital poverty for families.

**Good Practice 5:** To ensure that individuals continue to have access to groups providing support with recovery from problematic substance use, HMP Addiewell have adapted the provision of groups and increased the availability to other individuals. This has also been effective in linking individuals with similar support back in the community.

**Good Practice 6:** All patients who tested positive for COVID-19 had daily welfare checks carried out which identified any physical healthcare needs as well as a focus on the patients' mental health and wellbeing.

**Good Practice 7:** All new arrivals into HMP Addiewell were tested for COVID-19.

**Good Practice 8:** Dental nurses still attended HMP Addiewell during the pandemic to monitor any patients with toothache and were trained to assist healthcare staff with administration of medication.

**Good Practice 9:** Staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover and safety briefs.

## **ACTION POINTS**

**Action Point 1:** HMP Addiewell (and/in conjunction with SPS) should continue to monitor closely opportunities to resume non-essential work parties at the earliest opportunity and plan for reintroduction of these for prisoners as soon as it is safe to do so.

**Action Point 2:** HMP Addiewell should build on early progress with plans for prisoner re-engagement with education opportunities, including building on the experiences of blended/remote learning pilot activity to enhance further the range or, and prisoner participation in, certificated and informal learning opportunities.

**Action Point 3:** To ensure that there are no unnecessary delays for individuals, HMP Addiewell must ensure health partners understand the important part they play in robust timeous assessment.

**Action Point 4:** To ensure that individuals receive the support they need upon release, HMP Addiewell should continue to encourage and enable direct contact between agencies and individuals prior to release. This will be key for the development of relationships which can maximise the engagement of individuals in the community.

**Action Point 5:** To maximise the collaboration of agencies to promote successful transition to the community for individuals, HMP Addiewell should restart the multi-agency meetings in place prior to the pandemic. This forum was ensuring good oversight of plans for individuals due for release.

**Action Point 6:** HMP Addiewell must work with NHS staff to seek solutions to address medication administration times and reduce the risks for patients and staff

**Action Point 7:** HMP Addiewell must seek solutions to facilitate the patient's ability to attend clinic appointments.

**Action Point 8:** HMP Addiewell must implement a consistent system and process for cleaning of the Kiosk evidencing that the product in use meets national guidance with immediate effect, including hand hygiene prompts for prisoners.

**Action Point 9:** REAS senior management must ensure that no staff member should be involved in any AGP without the appropriate PPE and must be mask fit tested.

**Action Point 10:** The healthcare manager should encourage, where possible, a structured plan for staff to allow them to attend sessions to maintain their personal wellbeing.

**Acronyms used in this Report**

<b>AGP</b>	Aerosol Generating Procedures
<b>ANP</b>	Advanced Nurse Practitioner
<b>ATM</b>	Automated Teller Machine
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSCS</b>	Construction Skills Certification Scheme
<b>CPSS</b>	Certified Performance and Sport Scientist
<b>FFP</b>	Filtering Face Piece
<b>FLM</b>	First Line Manager
<b>HIS</b>	Healthcare Improvement Scotland
<b>HMCIPS</b>	Her Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	Her Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	Her Majesty's Prison
<b>ICM</b>	Integrated Case Management
<b>IMT</b>	Incident Management Team
<b>LV</b>	Liaison Visit
<b>MAPPA</b>	Multi-Agency Public Protection Arrangement
<b>NPS</b>	Non-psychoactive substances
<b>NTE</b>	National Top End
<b>ORT</b>	Opiate Replacement Therapy
<b>PANEL</b>	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
<b>PBSW</b>	Prison-Based Social Work
<b>PE</b>	Physical Education
<b>PPE</b>	Personal Protective Equipment
<b>REAS</b>	Royal Edinburgh Hospital and Associated Services
<b>RMT</b>	Risk Management Team
<b>SHORE</b>	Sustainable Housing on Release for Everyone
<b>SPS</b>	Scottish Prison Service
<b>SPS HQ</b>	Scottish Prison Service Headquarters
<b>SQA</b>	Scottish Qualifications Authority



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