HMIPS
HM INSPECTORATE OF PRISONS FOR SCOTLAND
INSPECTING AND MONITORING

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A FOLLOW-UP LIAISON VISIT TO HMP EDINBURGH,

8 JULY 2021

Inspecting and Monitoring
https://www.prisonsinspectoratescotland.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 Edinburgh on 1 May 2020.

HMP Edinburgh was the pilot site in May 2020 for our newly devised Liaison Visits Framework HMIPS - Liaison Visit Framework - Prison and Court Custody Units. The adapted inspection methodology incorporated into the design of the prison Liaison Visits (LVs), 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.

The pilot LV did not involve our inspection partners (Healthcare Improvement Scotland (HIS), the Care Inspectorate, and Education Scotland) and therefore a follow-up visit was arranged, for those inspection partners. This allowed HMIPS to complete a consistent national picture across all 15 prison establishments of the impact of the COVID-19 pandemic.

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. The focus of this return visit was therefore on our inspection partners looking at Standards 6, 7 and 9 of our inspection 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 SPS and the establishment against the key recommendations made in the original report.

These liaison visit reports 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 LVs 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 summarises 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 EDINBURGH ON 1 MAY 2020

While the visit was focussed on the Quality Indicators (QIs) under Standards 6, 7, 9, and follow-up to Action Points from our previous visit; inspectors took the opportunity to tour the establishment and speak to prisoners to gain an impression of how the establishment was managing during the ongoing pandemic. We welcomed the introductory update provided by the Deputy Governor and agreed with her assessment of where progress had been made and where challenges remained.

There was good evidence of an improvement in measures to reduce virus transmission with sound practices in physical distancing, availability of hand sanitiser, wearing of masks and face coverings. The prison looked clean with a number of cleaning operatives visible throughout the prison. Where someone had or was suspected of having COVID-19, HMP Edinburgh adhered to the guidelines set out within the SPS pandemic plan. They had a good process in place to provide chlorine based cleaning products to those areas affected, with instructions on the use of these products and how to replenish stock, aswell as utilising recently purchased disinfectant 'fogging machines'.

HMIPS are content to close the Action Point in relation to the promotion of physical distancing.

As one would now expect, the restrictions have continued for so long, staff were largely more knowledgeable and confident about what was expected of them during COVID-19 restrictions.

Inspectors were concerned that not all prisoners who had been held on Rule 41 had been offered time in the fresh air. Moreover, one had not been given a mobile phone since his admission nine days earlier and equally had not been given access to the prison PIN phone system apart from his first day. This is in breach of Human Rights Article 8, Right to Family Life and **accordingly this Action Point remains open.**

The restrictions required for safe operation has significantly restricted access to purposeful activity but it was encouraging to see prisoners out in the sections, at work and taking fresh air. The quality and range of educational opportunities provided had been strong given the limitations and restrictions. We commend the prison for achieving 10 Good Practice points in this visit.

Lastly, Inspectors observed good relationships between staff and prisoners, and the prison felt well managed, controlled and safe.

COVID-19 commentary

In looking at the QIs below we will take account of the following PANEL principles.

> **Participation**: prisoners should be meaningfully involved in decisions that affect their lives.
>
> Opportunities for purposeful activity had been significantly reduced during COVID-19, with few opportunities for prisoners to attend work parties and education. Equity of access proved difficult in part due to the need to operate in household bubbles. Feedback from prisoners indicated their acceptance and tolerance of these limitations that were designed to keep everyone safe.
>
> Significant planning had taken place, however, to maximise attendance. The Education area had seen a reduction in capacity of almost 68%, but changes to the timetable, doubling the number of sessions delivered for shorter periods of time, enabled more prisoners to engage in education opportunities. Activity packs, and in-cell learning packs had been well received by the prisoners and good use of the Media Centre to produce products for the prison TV had also encouraged prisoners to engage in education.
>
> Although the curriculum had continued with little change to the subjects offered, a reduction in capacity had reduced the awards gained. Zoom-based webinar had continued to be utilised to assist learning and it is commendable that despite these challenges, the prison had submitted 72 entries for the Koestler Awards.
>
> One of the recommendations from our previous visit was that hall libraries should be accessible to prisoners and this has been met. However, it was disappointing that the main library could only be accessed by those attending education. An Action Point has been made in this report to allow for greater access to the library by those not attending education.
>
> In line with national restrictions, the main prison gymnasium had been closed although the satellite gyms in each hall (with the exception of Glenesk) were still in use. PTIs had developed some creative options in keeping prisoners fit within their cell and offering a limited level of fitness training during fresh air activity, whilst still adhering to physical distancing guidelines. The main gym was open during our visit, albeit access to the area has reduced from prisoners being able to attend five sessions per week down to one.
>
> Opportunities for prisoners to attend work parties had also reduced by nearly 40%, with most of the open work parties numbers reduced due to physical distancing guidelines. Despite the reduction in opportunities it was found that the allocation of work was distributed fairly amongst the population. This reduction in numbers attending has also had an effect on those wishing to gain vocational qualifications, but qualifications in Construction Skills Certification Scheme (CSCS) and hairdressing has been prioritised.

Pre-Liberation supports had remained in place throughout the pandemic whereby Employability and Release Officers had worked closely with external agencies who had remained in contact throughout the pandemic. This enabled prisoners to partake in pre-liberation interviews that signposted them to a range of services and support in relation to travel arrangements on release, housing, financial issues, alcohol and drug services, and benefits. Although good work had taken place, some service providers continued to choose to work remotely by phone. There were concerns that a lack of face-to-face engagement might have an effect on relationships with services in the community.

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

The focus of this visit was on specific elements not covered in our last visit and there are no issues to highlight from this visit in relation to the monitoring of prisoner rights. In relation to NHS staff, however, inspectors welcomed the fact that a range of resources were available to support staff health and wellbeing. This included a daily newsletter which was shared with staff and had information and links to the support available to them. Staff could also be supported with their personal wellbeing by a clinical psychologist across both sites. Several staff spoke positively about a psychology session on dealing with their own response to the pandemic which they found helpful. However, some 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 sessions to maintain their personal wellbeing.

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.

Despite the difficulties in managing household bubbles, the inspection team did not uncover any prisoner groups being disadvantaged in access to work, education, or health. Patients whose first language is not English had been supported by the translation service to ensure communication about treatment was understood. In line with the community, NHS staff have been trained to deliver COVID-19 vaccinations and an in-house vaccination programme has begun with patients being vaccinated in line with the Joint Committee on Vaccination and Immunisation guidance. All prisoners eligible for the vaccination who have consented have had their first dose and a programme to administer the second dose had commenced.

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.

No other issues in relation to legality apart from the human rights concerns of routine time in the fresh air and access to family life incurred through COVID-19 restrictions were raised by inspectors.

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 LV. (Standard 6 - Purposeful Activity)**

Visit findings

The restrictions required for safe operation has significantly restricted access to purposeful activity. In addition to the reduced numbers who could work in classroom or workshop spaces, the need to operate in households or bubbles had restricted the flexibility to ensure entirely equitable access. However, both in education and work parties, significant planning had helped ensure as many prisoners as practical had continued access to purposeful activity. Feedback from prisoners suggested they were accepting of these limitations, and recognised that the reductions reflected a sensible approach to helping keep staff and prisoners safe. In education, the library, gym and work party areas, staff and prisoners were seen to comply with COVID-19 safety guidelines.

The education area had a reduced capacity from 40 people to 27, and also had a short period of closure for around four weeks. The change from offering two sessions daily to four sessions daily had created the opportunity for more people overall to engage in education, and has had a positive impact. The education staff had developed 40 packs for in-cell learning and were releasing them in batches of five or six every few weeks to keep up interest and engagement. These packs were well received by prisoners. Promotion of in-cell learning and active support to get more books which relate to learning had helped support and encourage a number of prisoners. Although there had been an overall reduction in educational activity, there has been commendable efforts to ensure as many opportunities as practical have been supported. The curriculum had continued with very little limitation on the

subjects on offer. There had been a reduction in the number of qualifications gained in the period resulting from less education time being available. Some limited external links had continued, such as running Zoom-based webinars on writing with theatre groups. In addition, the prison had generated 72 entries for the Koestler Awards, indicating the high level of creative activity on offer. Good use of the Media Centre and production of broadcasts for in-cell TV had been used well to promote educational opportunities. The quality and range of educational opportunities provided had been strong given the limitations and restrictions.

The main library shared a working area with education, and access to the main library has been limited to those who attend education. The main library was well stocked, and had a good variety of resources including large print books and books in various languages. It was not clear to all staff or prisoners how a prisoner might exercise their right to access important material such as legal texts if they are not engaged in education. This restricted access to the library is a concern, as resources such as DVDs, CDs, large print texts and texts in different languages were not readily available to prisoners unless they were engaged in education. Satellite library areas in residential wings were well stocked with fiction books, and that stock had been increased since restrictions were put in place.

Access to the main gym and sports hall had been reduced in line with physical distancing guidance, which had severely reduced the numbers able to attend. As well as reduced prisoner numbers, the number of sessions had been reduced for prisoners in line with physical distancing guidance. Prisoners who might in normal times have had five gym sessions per week, were now reduced to one, but recognise the need for being in a safe environment. PTI staff had offered some creative options, such as guidance for in-cell exercise, circuit training outdoor during exercise periods and health checks. Appropriately equipped satellite gyms with some recently upgraded equipment were available in most residential areas, although not in Glenesk. Surprisingly, use had not increased in these satellite gyms during the period of the pandemic.

Overall, from a prisoner perspective, gym restrictions had been significant. However, there is a recognition and acceptance that COVID-19 restrictions and safety were the limiting factor. During the pandemic, there had been a major reduction of the wider range of health and wellbeing interventions, including such things as first aid training. Given the stress, anxiety and mental health issues surrounding the pandemic, this is an area of work that should feature more strongly.

The prison, prior to COVID-19, had offered 26 work parties. Ten of these were closed due to the pandemic, and nine others had reduced numbers resulting from safety and physical distancing restrictions. The criteria used to determine which of the work parties should continue and who should attend were practical and fair. This included continuing those work parties needed for the safe and efficient operation of the prison. Restrictions on mixing households and limitations of the skills of those available had made scheduling difficult and reduced the number of prisoners who could engage. Opportunities for gaining vocational qualifications had been severely limited. However, the prioritisation of keeping the CSCS and hairdressing qualifications available had been useful, and likely to be particularly helpful for those prisoners who are nearing release.

Good Practice 1: the use of four sessions in the day within the Education Unit rather than two had allowed access for a greater number of prisoners, and will over time allow for a greater range of subjects to be offered.

Action Point 1: HMP Edinburgh should ensure all prisoners are clear about how they can access legal or native language books.

Action Point 2: HMP Edinburgh should widen access to the main library.

Action Point 3: HMP Edinburgh should address the reduction in the range of health and wellbeing interventions on offer that has occurred during the COVID period.

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, Risk Management Team (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, staff in HMP Edinburgh had been working hard to mitigate the inevitable impact of restrictions on key processes supporting progression for individuals.

Despite the planned redeployment of case co-ordinators, ICM meetings had continued. Priority was given to pre-release and pre-parole qualifying date ICMs, and the number of cancellations had greatly reduced. The full involvement of individuals and their families in the ICM process had been adversely affected. Remote attendance at ICM and other meetings had been possible, but largely limited to conference call function. There were early concerns about assuring privacy and confidentiality which appeared to have affected the time taken to develop another solution. A paper-based ICM was developed as an interim arrangement for low priority ICMs and although limited, this had helped the establishment prevent a build-up of missed meetings and enabled a quick return to delivering all ICMs from March 2021.

RMT had continued to meet throughout the pandemic, but there had been inevitable delays in cases being presented, where assessments and reports were affected by access to individuals and information systems. For staff undertaking complex assessments, phone interviews were often inadequate for sensitive discussions about offending behaviour and trauma. Prison-based social workers (PBSWs) had been returning to the establishment, but this was part of a blended approach and meant that for large parts of their week they did not have access to key information systems. Understandably, reduced access was especially difficult during lockdown.

HMP Edinburgh staff and the PBSW Team had worked hard to prioritise individuals approaching key dates to ensure that defensible decisions could be made about progression to the NTE and open conditions. Whilst there was evidence of parole dossiers being late during the early stages of the pandemic, there had been no late submissions since February 2021.

During the pandemic, there had been a particular challenge for the Programmes Team to continue to deliver accredited group work opportunities. Following the initial lockdown the PCMB had met consistently over the last 12 months, but there was a back log in the completion of Generic Programme Assessments. The establishment had continued to safely deliver accredited programmes at a reduced capacity, and were on track to complete the nationally set targets for delivery. Moving forward, inspectors heard that the establishment would be recruiting to the Programmes Team, and they are a pilot site for the two new Self Change programmes. We look forward to hearing more about the impact of these developments at the next visit.

Pre-Liberation supports had remained in place throughout the pandemic and had been undertaken by Employability and Release Officers based in the Links Centre. They conducted early interviews which were key for identifying any potential support needs and ensuring that the right agencies were aware of individuals being released from HMP Edinburgh. These agencies had continued to provide throughcare during the pandemic.

Inspectors heard that pre-liberation interviews were consistently taking place, and individuals were being signposted to a range of services to make available the support they needed in relation to housing, financial issues, travel arrangements on release, alcohol and drug services, and benefits. HMP Edinburgh had benefitted from the ongoing presence of support agencies in the prison, and this had included agencies focussing on employability, drug and alcohol issues, bereavement, and housing. For some individuals this had allowed them to establish relationships with practitioners who would provide support in the community. However, there had been important gaps, including the provision of specialist benefits advice.

The pandemic had presented a challenge to developing relationships with individuals without meeting in person, and at HMP Edinburgh there was a general concern among professionals about how this may impact on an individual's engagement with services in the community. Inspectors also heard that reduced contact between staff across agencies was potentially affecting professional relationships. Some agency staff shared concerns that their limited presence across the establishment was likely to affect how they were perceived both by prisoners and staff. However, the predominant view of agencies was that they had well established relationships with

key staff which were effectively ensuring that every effort was made to support their work.

Agencies report feeling well supported by HMP Edinburgh in terms of access to prisoners due for release, although there was comment that access to video interviews would have been helpful. Inspectors also heard of specific partnership working with 'Passport' in delivering pre-release employability activity aimed at providing a pathway to employment on release. Whilst there was most success related to the delivery of CSCS training, inspectors also heard that during the pandemic, plans had developed further to expand this partnership to look at opportunities in hospitality. We look forward to hearing more about this on our next visit.

The Governor at HMP Edinburgh continued to attend community justice groups in East Lothian, Midlothian, Scottish Borders and City of Edinburgh council areas. This ensured that the establishment had current knowledge of local strategies and delivery of services directly and indirectly affecting individuals returning to these communities. These relationships were important to ensuring that information sharing helped support successful transitions. For example, data was provided weekly to all local authorities on new admissions and planned releases. This helped to support early discussions with regards to housing options.

Good Practice 2: partners had worked hard to ensure that key processes had been sustained during the pandemic, and this ensured that defensible decisions could be made to enable progression for individuals.

Good Practice 3: there is an effective systematic approach to maximise the number of individuals involved, prior to release, in identifying the support they will need in the community.

Good Practice 4: HMP Edinburgh is engaged in robust partnerships with community-based organisations which will help individuals with a successful transition back to the community including employability support, support with addictions and housing.

Action Point 4: HMP Edinburgh should ensure that a coherent SMART plan is in place to address the back log of GPAs and to maximise the availability of accredited programmes.

Action Point 5: HMP Edinburgh should ensure that PBSW get the access they need to key information systems to support the timeous completion of assessments and reports.

Action Point 6: HMP Edinburgh should ensure, as much as practicable, that prisoners and those supporting them have adequate access to the broadest range of safe and secure communication technology

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

Access to care

HMP Edinburgh's prison population is almost at full capacity due to prisoner diverts coming in from HMP Addiewell. At the time of the visit, the population was 887.

HMP Edinburgh has been significantly challenged with recurrent outbreaks of COVID-19. The most recent outbreak was in April 2021 and a planned liaison visit to HMP Edinburgh was subsequently postponed. Healthcare staff responded well by mobilising COVID-19 action plans and mass testing all prisoners within the hall where the outbreak occurred. Approximately 92 patients were identified as testing positive and required isolation**.** HMP Edinburgh was supported throughout the outbreak by public health, infection control, and incident management teams who provided advice and guidance in outbreak management. The healthcare team described this support as invaluable.

Patients who tested positive for COVID-19 were isolated in an identified area or within their own cell as required. All patients requiring isolation have a care plan.

Symptomatic people such as those identified at courts, arrive into the prison and use the emergency stairs (thereby avoiding reception) into an isolation area which is decontaminated afterwards by biohazard trained pass men. All new arrivals are offered a COVID-19 test the following day in their own cells by the Advance Nurse Practitioners (ANPs). The ANPs will also carry out an assessment of the patient. Patients are kept isolated for the required period. Nursing care and medicines are provided at the cell door by nursing staff wearing full Personal Protective Equipment (PPE). Staff will take the appropriate PPE with them, put it on before entry to the cell and remove as they leave.

Any close contacts of patients who have tested positive are also placed in isolation in line with test and protect methodology and the SPS pandemic plan. Nursing staff assessed COVID-19 patients on a daily basis, working closely with SPS staff. Patients who are considered at high risk of contracting COVID-19 are encouraged to remain in isolation and to minimise close contact with other patients.

All patients who were isolating 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**.

Patients whose first language is not English are supported by the translation service to ensure communication about treatment is understood.

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 who have consented have had their first dose and a programme to administer the second dose has commenced.

All NHS staff within HMP Edinburgh are carrying out twice weekly Lateral Flow Tests (a rapid test for COVID 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, primary care healthcare services in HMP Edinburgh were reduced to emergency referral and assessments only, in line with the 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.

The referral process remained unchanged during the pandemic. Prisoners could self-refer to healthcare services and forms were available in the halls. A triage system is in operation and nursing staff collect referral forms daily for distribution to the appropriate service such as GP appointments or a triage appointment with a member of the primary care team. Urgent referrals are seen the same day. Due to staff shortages in the primary care team, primary care nurses spend most of their daily clinical time dispensing medications. This resulted in reduced capacity and time to see triage appointments. Although nursing staff triage the referrals daily to identify any urgent cases, there was a backlog of patients waiting to be seen for a face-to-face triage appointment. As this could be up to a week in some halls, this poses a significant risk and is a concern. NHS Lothian must seek staffing solutions to enable nursing staff to review patients face-to-face **(Action Point 7)**. Following triage, patients would be seen quickly by the GP or ANP if required. We were told that the GP and ANPs are also seeing extra people in their clinic to cover the shortfall.

The healthcare team has recognised and reported the challenges around waiting times for primary care nurse triage appointments as a risk on the risk management system. This risk includes primary care staffing shortages, changes to the prison regime impacting on care delivery and further outbreaks. Ongoing staffing issues are a cause for concern and there is a risk as the prison regime changes and service delivery returns to normal, staff will be overwhelmed by an increasing workload. This could greatly affect waiting times and healthcare delivery in an already compromised service.

Medications are dispensed morning, lunch time and late afternoon as required. The healthcare staff ensure there is 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 15:00 to accommodate the prison regime. Staff have indicated that complaints regarding this have increased. **This is not good practice and is a significant concern**.

Staff described that palliative care patients could receive controlled pain medication early at times to suit the prison regime. The primary care team were accommodated to administer medication by SPS staff who unlocked the doors after hours. It was agreed that medication could be distributed at 18:00. However, this is still too early for some patients. **This is a significant concern**, as administering medicines early could lead to patients experiencing breakthrough pain. This issue was escalated at the start of the pandemic when the regime changed. SPS must work with NHS staff as a matter of urgency, to ensure patients receive both medication for pain and medication to assist sleep at an agreed therapeutic time (**Action Point 8**).

Patients with long-term conditions are identified at admission and receive a follow-up assessment the following day by the ANP or GP if required. Care planning is in place and the nursing team carry out reviews for long-term health conditions which are equitable with the community provision. These patients would usually be reviewed on a six to 12 month basis, however, this has been on hold due to the pandemic. To reduce footfall in the health centre, clinics are not currently running however, patients requiring scheduled reviews will be seen by ANPs either in their cells or in the room provided in the hall for healthcare delivery.

NHS staff described that SPS provides excellent social care and involves the primary care team in discussions about the patient's care and concerns. **This is good practice.**

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 that they had no issues in transferring individuals to hospital when required.

Social care continued to be offered by SPS private contractors. NHS staff continued to work closely with the contractors and this service did not change during the pandemic.

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 were suspended from March 2020 until June 2020 as per SPS restrictions and the community provision. The dental team issued a communication to people in prison explaining the reduced treatments available during the pandemic. The 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**.

Optician services initially stopped in line with the community provision but resumed in September 2020. At the time of the visit, HMP Edinburgh 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

At HMP Edinburgh, the mental health and substance misuse teams are managed jointly. We heard of joint working where appropriate, as some patient's cases were open to both teams. At the start of the pandemic, mental health services provided a service which was adjusted to work with limited access to patients. Delivery of care had adapted to maintain contact and treatment, while considering risk and safe delivery of care. Emergency referral and assessments were in line with the community provision at this time. At the time of our visit, we saw routine appointment waiting times had not increased and the current wait was between one and two weeks.

Access to individual psychology sessions was paused at the start of the pandemic in line with the community provision, but these have recommenced. Waiting times is currently six weeks for a clinical psychology assessment.

Psychiatry clinics continued to be delivered within the prison. Patients were able to access resource packs for activities and exercise, through mental health occupational therapy. Specific materials were identified for individual patients by mental health staff. Occupational therapy services were resumed in July 2020, with patients being seen on the halls and within the recovery café. A pilot group has recently been run in the remand hall, with patient questionnaires and self-referral for therapy. Patients receive support with low level activities and learn how to develop coping strategies which they could use during periods

of isolation. SPS has identified an appropriate room for this to allow social distancing and this group is planned to continue.

At the time of our visit, we heard there were five patients in the SRU requiring input from the mental health team. A regular meeting between mental health nursing staff and SPS staff in the SRU had been established from June 2020. This was positively regarded by both health and SPS staff we met with, as a means of improving communication, support and care planning within this environment. There was potential in developing this work further, working collaboratively to support patients transitioning back to the halls from SRU, which is positive. **This is good practice.**

Both mental health and addictions nurses had a contingency plan to support medication administration when the primary care team had staff shortages. A risk assessment process was in place for this which captures any impact on delivery of the mental health or addictions services. The band 5 addictions nursing role includes medicine administration and recruitment was approved to increase the band 5 complement within the team by one whole time equivalent (WTE).

During the initial stages of lockdown in 2020, the number of patients being placed within the prison in 'a place of safety' increased. Eleven patients were transferred to hospital for treatment between April and November 2020 compared with six patients the previous year. This reflected an increase in the number of patients arriving from custody, who had been assessed as requiring a bed for mental health treatment, which accounted for 10 of these transfers and is a concern. Healthcare staff and SPS staff had worked collaboratively to develop a Standard Operating Procedure (SOP) for people admitted under Section 52(D) as a place of safety, which improved communication and promoted early joint discussion and organisation of case conferences. We saw that data for patients being cared for in these circumstances was being captured and shared with the Forensic Network. **This was good practice**. The identification of delays was clear, however the SOP, although a positive step, did not include any clear escalation process for health staff to raise concerns. This would be helpful to ensure a clear route to raise with senior management where there were delays in meeting the needs of patients identified as requiring hospital care (**Action Point 9**).

Willow psychological support (a partnership between NHS Lothian and the City of Edinburgh Council to address the social, health and welfare needs of women in the criminal justice system) was temporarily suspended during the pandemic with only telephone consultations being offered. This resulted in an increase in referrals from females seeking support from the mental health team. At the time of the visit, Willow had just restarted face-to-face appointments with HMP Edinburgh females.

<u>Substance misuse</u>

Substance misuse services responded to emergency referrals and provision of Opiate Replacement Therapy (ORT) in the initial stage of the pandemic. The

management of patient prescriptions with community teams also continued with no delays in commencing ORT with non-urgent reviews resuming in June 2020. Staffing within the addictions team had been reduced for a period in 2020. This coincided with liberations of patients requiring access to community addictions services. Having some staff support from the mental health team allowed addictions services to manage the workload during an increased period of activity. The phased approach to this was helpful.

At the start of the pandemic, Change Grow Live (CGL), who are a national health and social care charity providing pre-liberation harm reduction advice, provided phone consultations to patients. They found this less effective than face-to-face sessions and CGL resumed normal service in June 2020, in line with the NHS Lothian's addictions team.

HMP Edinburgh is following the NHS board guidance on moving to the new drug 'Buvidal' in the longer-term, in response to Scottish Government Coronavirus (COVID-19): clinical guidance on the use of Buvidal in prisons. The addiction service initially offered this in line with certain criteria outlined in NHS Lothian's policy on the use of Buvidal, dated October 2020. This supported the addictions team to offer this treatment option to a wider range of patients. At the time of our visit, 37 patients had been established on this treatment, with a number of these now transferred to community services on liberation.

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. Addictions nursing staff delivered this to patients who had an ORT prescription or by CGL where this was not in place. Healthcare staff and SPS had collaborated to identify in advance, patients with a possible liberation date. This allowed the provision of Naloxone which had an 'opt out' policy in place. We were told that nasal spray Naloxone had been available but this was not being routinely offered as a choice, while a SOP was being agreed. We were assured that work was being undertaken to develop the use and availability of nasal spray Naloxone for patients within HMP Edinburgh.

Blood Borne Virus (BBV) clinics were initially suspended with no in-reach BBV staff and the reduced capacity for laboratory testing. By June 2020, BBV clinics had resumed and venepuncture for blood tests was supported by the primary care team. BBV testing was paused in February 2021 because of staff shortages and the restrictions on prisoner movement due to COVID-19. BBV clinics resumed in June 2020 and we were reassured to see these clinics were taking place at the time of our visit.

Infection Prevention and Control

On entering the prison, we observed appropriate infection prevention and control measures, including alcohol-based hand sanitisers and bins for disposal of PPE.

Areas where healthcare is delivered are cleaned daily by nursing staff and pass men. The provision and standard of cleaning was very good and the

healthcare team had no concerns about the cleaning provision. At the time of the visit, correct cleaning products (in line with national guidance) were available and in use in the health centre. Hard surface areas are wiped using disinfectant wipes on a daily basis and after each patient.

The majority of 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. We saw a clinical bed in a treatment room had been damaged. There was also damage to tables and shelves within the medication rooms in one of the halls, which meant they could not be effectively cleaned. NHS Lothian must ensure that healthcare facilities and equipment are fit-for-purpose and maintained to allow for effective cleaning to ensure safe delivery of healthcare (**Action Point 10**).

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. The healthcare manager is in regular contact with Public Health Scotland to ensure staff were updated on the latest COVID-19 guidance.

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 healthcare staff were knowledgeable in using PPE prior to the pandemic. All staff received training on the use of PPE such as donning and doffing and we saw posters in clinic rooms about appropriate use of PPE for particular healthcare activities. NHS Lothian infection control staff developed training videos for all staff working within healthcare areas.

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 and as part of code blue callout. Not all healthcare staff expected to attend emergency codes within HMP Edinburgh had been mask fit tested. Some staff had failed the mask fit test due to the masks being too big. HMP Edinburgh were introducing new masks and staff will require to be re-mask fit tested. However, as this was subject to delays, it meant that there was a lack of access to FFP3 masks required in the event of an Aerosol Generating Procedure (AGP) delivery. **This is a significant concern**.

Staff reported they had not responded to any emergencies requiring airway management to date. This does not exclude the significant risk to staff who may have to attend without being mask fit tested. No staff member should be involved in any AGP without the appropriate PPE and must be mask fit tested. This issue was escalated following our pre-visit teleconference call on 30 June 2021, as a result of our concerns. HMIPS issued a letter to NHS Lothian's Chief Executive highlighting

the concerns and outlining that we would follow up on the actions arising from this. Following the escalation of our concerns, NHS Lothian delivered FFP3 masks to the prison immediately and healthcare staff are working with SPS staff who are trained to mask fit test, to ensure all staff are mask fit tested. Some staff require smaller sized masks and these are being sourced.

In early 2021, all NHS staff attended meetings to review the office space with support from SPS. This resulted in SPS renovating flood damaged offices with replacement carpets and refreshing them with a coat of paint. This improved 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 (HSCP) and prisoner healthcare to discuss workforce, clinical demand and the allocation of resources.

Public health teams and infection prevention and control teams are supporting HMP Edinburgh with ongoing outbreaks of COVID-19. The Healthcare Manager is working closely with SPS staff and the Governor-in-Charge to monitor the outbreak and reduce transmission risks as much as possible. 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 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 a 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 response to the Pandemic and the reduced staffing levels, SPS was required to change the prison regime. The new regime in Edinburgh began in April 2020. The NHS staffing shift pattern (07:00-21:00) was altered to align with the new prison regime of 07:00-17:00. Staff are struggling to manage workloads because of the reduced shift pattern. At times after lock-up at 17:00, 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, it was evident there were some staffing pressures within the NHS primary care team. NHS Lothian were being proactive in advertising these

posts. Shortfalls are currently managed with existing staff working overtime and with support from staff at HMP Addiewell. The Healthcare Manager has raised staffing issues as a risk and is recruiting agency staff to support the team for this. It is not standard practice for a member of the mental health team to assist with medication delivery, however a contingency is in place if healthcare delivery is compromised; a risk assessment would be completed so that mental health colleagues could help with medication delivery. These occurrences were escalated to REAS.

We were told there are recruitment issues across NHS Lothian for band 5 general nursing 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. However, staff reported they are concerned about their ability to sustain the service they are delivering, **this is a concern**. NHS Lothian has supported over-recruitment 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 are escalated accordingly through governance structures. Senior healthcare management are seeking solutions to the staffing issue. A health needs analysis was being undertaken which includes a review of staffing levels required within the prison service as a whole.

HMP Edinburgh were currently experiencing challenges with late arrivals of prisoners from courts. This is acknowledged as a transport problem and has been escalated nationally. There were occasions where nursing staff stayed later than their scheduled shift to ensure these patients were admitted. This meant staff were working long hours which was 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 with their personal wellbeing by a clinical psychologist across both sites. Several staff spoke positively about a psychology session on dealing with their own response to the pandemic which they found helpful. However, some 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 11**).

Staff described SPS staff as supportive both historically and throughout the pandemic.

> **Good Practice 5**: all patients who were isolating 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 6**: SPS provides excellent social care and involves the primary care team in discussions about the patient's care and concerns.

Good Practice 7: dental nurses still attended HMP Edinburgh during the pandemic to monitor any patients with toothache and were trained to assist healthcare staff with administration of medication.

Good Practice 8: a regular meeting between mental health nursing staff and SPS staff in the SRU had been established and was positively regarded by both health and SPS staff. This provided a means of improving communication and support and care planning within this environment. There was potential in developing this work further, working collaboratively to support patients transitioning back to the halls from SRU, which was positive.

Good Practice 9: healthcare staff and SPS staff had worked collaboratively to develop SOP for people admitted under Section 52(D) as a place of safety, which improved communication and promoted early joint discussion and organisation of case conferences. We saw that data for patients being cared for in these circumstances was being captured and shared with the Forensic Network.

Good Practice 10: staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover and safety briefs.

Action Point 7: NHS Lothian must seek staffing solutions to enable nursing staff to review patients face-to-face.

Action Point 8: HMP Edinburgh must work with NHS staff as a matter of urgency to ensure patients receive both medication for pain and medication to assist sleep at an agreed therapeutic time.

Action Point 9: NHS Lothian should ensure escalation processes are clearly identified where there are delays in accessing in-patient mental health services.

Action Point 10: NHS Lothian must ensure that healthcare facilities and equipment are fit-for-purpose and maintained to allow for effective cleaning to ensure safe delivery of healthcare.

Action Point 11: 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

HMP Edinburgh had responded well to the issues drawn to their attention in our previous visit so that we are now able to close all but one of the action points aimed at the establishment or SPS HQ. The only action point where we would wish to see further consolidation relates to ensuring that those in isolation on Rule 41 receive routine access to time in the fresh air and quick access to mobile phones to maintain contact with family and friends.

We commend HMP Edinburgh and Fife College for the reconfiguration of the education programme to ensure as many prisoners as possible could access education, albeit for shorter periods than before, and hope this will also over time allow for the provision of a wider range of subjects to a greater number of prisoners..

We similarly welcome the systematic efforts made in these challenging times to maintain key processes around case management and progression. We also recognise and applaud the efforts made to maximise the support available for those being released into the community through the development of robust partnerships with community-based organisations.

HIS inspectors were impressed by the daily welfare checks provided for those isolating and the excellent social care provided for prisoners with input from the primary health care team. Regular meetings between NHS and SPS staff in the SRU were improving communication and care and support planning within the SRU. There was scope to extend this further to better support the transitioning of prisoners back into mainstream residential areas.

With our inspection partners, we are now suggesting 11 new action points. We draw attention in particular to the need to widen access to the library and for clearer targets for addressing the backlog of GPA assessments and ensuring PBSW get access to the information systems they need to carry out their work effectively.

On the NHS side, staffing solutions must be sought to facilitate face-to-face patient reviews by nursing staff and NHS Lothian must ensure that healthcare facilities and equipment are fit-for-purpose and maintained to allow for effective cleaning and safe delivery of healthcare.

It was encouraging to see a number of ways in which SPS and NHS teams were working effectively together to support prisoners. HMP Edinburgh and NHS staff should build on those strong collaborative links as a matter of urgency to ensure patients receive both medication for pain and medication to assist sleep at an agreed therapeutic time.

ANNEX A

PROGRESS UPDATE ON ACTION POINTS (AP) FROM PREVIOUS REPORT

Action Point	Action	Progress
1.	The GIC to continue to reinforce messaging to staff and prisoners on importance of maintaining social distancing.	**HMIPS consider this action point (AP) closed.** A number of processes had been put in place and a significant level of understanding and learning was evident since our first visit in 2020. Information was readily available, including posters leaflets and e-mails as well as on line learning. The SPS Pandemic Plan enabled the Governor-in-Charge to advise his staff on guidance in wearing PPE and physical distancing. IPMs reported that staff and prisoners had been continually observed wearing masks and face coverings and also physical distancing. During the return visit this was observed by the team.
2.	Whilst HMIPS welcome 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 supportive family contact.	**HMIPS consider this AP closed.** Mobile phones had been introduced nationally in July 2020, after our first visit. Mobile phones are now issued to those who are convicted or serving over seven days on remand.
3.	SPS to ensure that those in isolation are quickly provided with a phone when rolling out in-cell telephony locally and review scope to provide access to virtual visit technology for those in isolation.	**HMIPS does not consider this AP closed.** Although the SPS pandemic plan advises that all those on Rule 41 (COVID-19) should have access to a mobile phone it was found that this was not the case when inspectors interviewed prisoners on that Rule. Two prisoners had been isolated together since 29/06/2021. One was a new admission and had so far not been given a phone nine days since admission. He also reported that he had not been given access to a PIN phone either. Neither were getting access to virtual visits at the time.

PROGRESS UPDATE ON ACTION POINTS (APs) FROM PREVIOUS REPORT

Action Point	Action	Progress
4.	SPS HQ to review the protocols around the use of PPE in the SRU and for first responders and consider whether they need updating in the light of COVID-19.	**HMIPS consider this AP closed.** Inspectors visited the SRU and confirmed that all staff were wearing masks.
5.	HMP Edinburgh to provide evidence that measures to photocopy correspondence are being applied in an equitable way across all halls.	**HMIPS consider this AP closed.** Photocopying had been suspended in all parts of the prison, therefore all prisoners were now being treated equally.
6.	HMP Edinburgh to ensure that all prisoners can access books and DVDs from the hall libraries.	**HMIPS consider this AP closed**. All residential areas visited had libraries available.
7.	HMP Edinburgh to ensure in-cell learning packs are available for all prisoners, and SPS and Fife College to explore how self-learning opportunities can be developed further.	**HMIPS consider this AP closed.** The education staff have developed 40 packs for in-cell learning and are releasing them in batches of five or six every few weeks to keep up interest and engagement.
8.	HMIPS to continue to monitor release planning carefully.	Noting the good practice identified during this visit **HMIPS consider this AP closed**.
9.	HMIPS to invite HIS to take part in future LVs.	**HMIPS consider this AP closed.** HIS have now joined HMIPS for LVs.

ANNEX B

SUMMARY OF NEW GOOD PRACTICE AND ACTION POINTS IDENTIFIED DURING THE RETURN VISIT

GOOD PRACTICE

Good Practice 1: the use of four sessions in the day within the Education Unit rather than two had allowed access for a greater number of prisoners, and will over time allow for a greater range of subjects to be offered.

Good Practice 2: partners had worked hard to ensure that key processes had been sustained during the pandemic, and this ensured that defensible decisions could be made to enable progression for individuals.

Good Practice 3: there is an effective systematic approach to maximise the number of individuals involved, prior to release, in identifying the support they will need in the community.

Good Practice 4: HMP Edinburgh is engaged in robust partnerships with community-based organisations which will help individuals with a successful transition back to the community including employability support, support with addictions and housing.

Good Practice 5: all patients who were isolating had daily welfare checks carried out which identified any physical healthcare needs as well as a focus on patients' mental health and wellbeing.

Good Practice 6: SPS provides excellent social care and involves the primary care team in discussions about the patient's care and concerns.

Good Practice 7: dental nurses still attended HMP Edinburgh during the pandemic to monitor any patients with toothache and were trained to assist healthcare staff with administration of medication.

Good Practice 8: a regular meeting between mental health nursing staff and SPS staff in the SRU had been established and was positively regarded by both health and SPS staff. This provided a means of improving communication and support and care planning within this environment. There was potential in developing this work further, working collaboratively to support patients transitioning back to the halls from SRU, which was positive.

Good Practice 9: healthcare staff and SPS staff had worked collaboratively to develop a SOP for people admitted under Section 52(D) as a place of safety, which improved communication and promoted early joint discussion and organisation of case conferences. We saw that data for patients being cared for in these circumstances was being captured and shared with the Forensic Network.

Good Practice 10: 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 Edinburgh should ensure all prisoners are clear about how they can access legal or native language books.

Action Point 2: HMP Edinburgh should widen access to the main library

Action Point 3: HMP Edinburgh should address the reduction in the range of health and wellbeing interventions on offer that has occurred during the COVID period.

Action Point 4: HMP Edinburgh should ensure that a coherent SMART plan is in place to address the back log of GPAs and to maximise the availability of accredited programmes.

Action Point 5: HMP Edinburgh should ensure that PBSW get the access they need to key information systems to support the timeous completion of assessments and reports.

Action Point 6: HMP Edinburgh should ensure, as much as practicable, that prisoners and those supporting them have adequate access to the broadest range of safe and secure communication technology.

Action Point 7: NHS Lothian must seek staffing solutions to enable nursing staff to review patients face to face.

Action Point 8: HMP Edinburgh must work with NHS staff as a matter of urgency to ensure patients receive both medication for pain and medication to assist sleep at an agreed therapeutic time.

Action Point 9: NHS Lothian should ensure escalation processes are clearly identified where there are delays in accessing in-patient mental health services.

Action Point 10: NHS Lothian must ensure that healthcare facilities and equipment are fit for purpose and maintained to allow for effective cleaning to ensure safe delivery of healthcare.

Action Point 11: the Healthcare Manager should encourage, where possible, a structured plan for staff to allow them to attend sessions to maintain their personal wellbeing.

ANNEX C

ACRONYMS USED IN THIS REPORT

AGP	Aerosol Generating Procedures
ANP	Advanced Nurse Practitioner
BBV	Blood Borne Virus
COVID-19	Coronavirus Disease 2019
CBSW	Community-Based Social Work
CGL	Change, Live, Grow
CSCS	Construction Skills Certification Scheme
FFP	Filtering Face Piece
GIC	Governor–in-Charge
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HSCP	Health and Social Care Partnership
ICM	Integrated Case Management
IMT	Incident Management Team
LV	Liaison Visit
NTE	National Top End
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
ORT	Opiate Replacement Therapy
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PBSW	Prison-Based Social Work
PCMB	Prisoner Case Management Board
PE	Physical Education
PPE	Personal Protective Equipment
PTI	Physical Training Instructor
QI	Quality Indicator
REAS	Royal Edinburgh Hospital and Associated Services
REHIS	Royal Environmental Health Institute Scotland
RMT	Risk Management Team
SHORE	Sustainable Housing on Release for Everyone
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
WTE	Whole-time Equivalent

HM Inspectorate of Prisons for Scotland is a member of the UK's National Preventive Mechanism, a group of organisations that independently monitor all places of detention to meet the requirements of international human rights law.
http://www.nationalpreventivemechanism.org.uk/

This document is available on the HMIPS website
https://www.prisonsinspectoratescotland.gov.uk/

First published by HMIPS, December 2021

HM Inspectorate of Prisons for Scotland
Room Y1.4
Saughton House
Broomhouse Drive
Edinburgh
EH11 3XD

0131 244 8482