

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

**REPORT ON A LIAISON VISIT TO HMP GLENOCHIL,
2-3 DECEMBER 2020**

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

DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY

Introduction

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

Background Information

The adapted inspection methodology incorporated into the design of the prison liaison visits, will contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies; known as the National Preventive Mechanism (NPM), which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

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

Process

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

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

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



REPORT ON A LIAISON VISIT TO HMP GLENOCHIL UNDERTAKEN ON WEDNESDAY, 3 DECEMBER, AND THURSDAY, 4 DECEMBER 2020

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC. Subject to national guidance on COVID-19 restrictions HMIPS intends to visit all prisons in Scotland by June 2021.

The Deputy Governor, who had been acting GIC until recently and had been in charge at HMP Glenochil during the pandemic provided a helpful and informative presentation. The prison also provided a comprehensive self-evaluation against our liaison visits framework and noted progress against some of our previous inspections.

The new GIC was clearly on top of her brief and identified the pressures facing the establishment, the areas of good practice, positive approaches to staff engagement and her plans to build on these positive initiatives whilst also developing a strategy for HMP Glenochil to incorporate best practice from elsewhere. We welcomed the visibility of the senior management team (SMT) within the establishment and the evidence of good staff prisoner relationships and look forward to seeing the new GIC's plans coming to fruition.

HMIPS was concerned that the Prison Based Social Work (PBSW) team's capacity had been significantly affected by the impact of COVID-19 and had contributed to the backlog of annual Integrated Case Management (ICM) cases and delays in Generic Programme Assessments (GPAs). Complaints to HMIPS around progression had escalated during the pandemic and these inhibitors contribute to the progression concerns. HMIPS's concerns about the resourcing of the PBSW and the backlog were escalated as a matter of concern.

In common with many other prisons, non-offence protections were disadvantaged in their access to gym and activities. Equity of access is an important area of non-discrimination and equality.

We commend the efforts of HMP Glenochil staff during the pandemic to ensure key agencies, including addictions and the NHS, can engage in supporting families and managing the transition to the community. However, with little access to welfare advice in the community, pre-release advice and guidance planning is increasingly important.

HMIPS were pleased to be accompanied by our partners in the Care Inspectorate and Education Scotland for this inspection, as well as our regular inspection partners from Healthcare Improvement Scotland (HIS).



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

Participation. (Prisoners should be meaningfully involved in decisions that affect their lives.)

Although at the start of the pandemic HMP Glenochil had incurred restrictions similar to those in other prisons following Scottish Government (SG) guidance and the SPS Pandemic Plan, an easing of restrictions had occurred with prisoners able to spend more time out of cell than had been observed in other prisons visited during the pandemic.

The user's voice is important within the PANEL principles and one useful avenue is the Prisoner Information and Action Committee (PIAC). Despite the difficulties due to social distancing (SD), HMP Glenochil had managed to facilitate a number of PIACs within the residential halls including a Christmas menu PIAC. However, due to some complaints around the quality of the food, HMIPS would encourage food PIACs to be held more regularly. An important part of prisoners' participation is the interaction with families and although disappointing that face-to-face visits had been temporarily suspended, virtual visits had been running, albeit at around 60% capacity. Family visits had been taking place but this was also limited in uptake. HMP Glenochil, has plans to increase virtual visits in the future having resolved teething problems and accessibility by families who had not previously had the technology to access virtual visits. For those that used virtual visits regularly they hoped, as HMIPS do, that they will remain when restrictions have been lifted and the prison returns to the new normal. There is absolutely no doubt in the Inspectorate's view, having engaged with prisoners, that in-cell telephones have been a great benefit in keeping in touch with family after early evening lock up and in being able to speak to family and friends in the privacy of their own cell.

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

HMP Glenochil takes the safety of both those they look after and staff very seriously. At the start of the pandemic, HMP Glenochil had set up a Local Coronavirus Response Group which meets regularly, reviews both SG and the SPS pandemic guidelines and adjusts the prison regime accordingly. This is all recorded on an action plan and progress monitored. The SMT were very conscious of COVID-19 fatigue and the importance of maintaining effective precautions, and continually highlighting the need to observe the guidelines. Similar to other prisons, a set of COVID-19 Safe Systems of Work (SSOW) and Standard Operating Procedures (SOPs) had been developed and were accessible through SharePoint. Despite a couple of examples where staff were not entirely clear of the processes, in general there was a good understanding of the process and guidelines. Prisoners also evidenced a good knowledge of the COVID-19 guidelines. Multi-Agency Public Protection Arrangements (MAPPAs), Risk Management Team (RMT), and Programme Case Management Board (PCMB) processes have all been sustained throughout the pandemic, but not at full capacity.

The PBSW team's capacity had been significantly affected by the impact of COVID-19 and had to prioritise other areas of work. This led to non-attendance at progress and risk meetings which left these meetings unable to make defensible decisions about progress for prisoners and risk management plans for release. ICM staff had been diverted from their role to support residential areas, but prisoners subject to statutory supervision when released were still benefitting from robust formal planning processes. Although enhanced ICM meetings had been sustained, there was now a backlog of annual ICMs and delays in GPAs. Due to restrictions there was also significant delays in the delivery of offender behaviour programmes such as Moving Forward: Making Changes, and Pathways. However, good practice was observed with regards to the efforts of staff to ensure prisoners due for release were getting the support they need when leaving custody.

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.)

Inspectors spoke to a number of vulnerable individuals who confirmed that they had not felt discriminated against. It has to be noted, however, that a two day visit does not allow for Equality and Diversity (E&D) to be fully investigated. The complaints process was checked and there did not appear to be any issues around discrimination. Similar to the recent full inspection, we found areas such as Abercrombie level 3 who deal with the most vulnerable with regards to age and disability to be very supportive of their population's needs.

It was disappointing to find a lack of information for those likely to be isolated if suspected of COVID-19 and prisoners spoken to who had been on a Rule 41(a) relied on staff explaining the process rather than having it in writing. Some generic information pre-COVID-19 was translated into 11 foreign languages in reception, as well as the in-cell telephony compact.

However, the inspection team found that there was a lack of translation on processes such as virtual visits and COVID-19 information. We could find no evidence of any other COVID-19 information being translated either for use currently or for the future. The prison also confirmed that they had only used the translation service once since March 2020 in an interventions assessment. Good practice was highlighted with the use of a speech and language expert assisting a prisoner who was on Talk to Me (TTM). With the Learning Centre currently operating with reduced numbers due to SD, to ensure equity of opportunity the number of classes that individual prisoners could attend had been reduced. This was also the case with in-person church activities where there was equity in opportunity to attend. However, this was not the case with access to the gym where non-offence protections had no opportunities to attend.

Empowerment. (Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.)

With the restrictions in place since March 2020, it is vitally important to enable prisoners to make choices, uphold their rights, and enable them to develop and challenge policy and practice. One way of gauging this is through the complaints

system. It was encouraging to note a reduction in complaints between 2019 and 2020. It is unclear if this is in some way due to the restrictions imposed and reduced opportunities to make a complaint. In some areas the complaint forms were readily available in the landings, but in other areas prisoners had to ask for a form which reduced the confidentiality aspect of complaining. Inspectors noted that over 400 complaints had been received between April and November 2020. Escalation to the Internal Complaints Committee (ICC) was not overly high and out of the 62 complaints heard, 21 were upheld. Only one complaint was referred to the Scottish Public Services Ombudsman (SPSO). Inspectors did not have time to review all prisoner complaint forms (PCFs) but a small sample were reviewed and deemed to have been dealt with appropriately.

Communication is also important to allow prisoners to make choices and within HMP Glenochil communication was found to be reasonably good with very few complaints.

Legality. (Approaches should be grounded in the legal rights that are set out in domestic and international laws.)

Although HMIPS recognise that COVID-19 restrictions are designed to keep all those living and working in HMP Glenochil safe, these restrictions lead to tensions with core human rights. Access to basic rights such as meals, fresh air, family contact, and legal advice are fundamental to the rights of prisoners set out by the UN Standard Minimum Rules for the Treatment of Prisoners (“Mandela Rules”) and the [Statement of Principles](#) relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic issued by the CPT of the Council of Europe.

It was pleasing to note that HMP Glenochil had worked hard to ensure these rights were upheld while incorporating the advice of (SG), Health Protection Scotland (HPS) and the SPS pandemic plan. All those in HMP Glenochil are offered fresh air regardless of status. Family contact was limited to virtual visits or phone calls as face-to-face visits had been suspended following guidance set out by the SG. It was disappointing to note that virtual visits were underutilised, but HMP Glenochil hope to increase this in due course.

Face-to-face visits with lawyers had decreased, but their clients could be accessed in closed visit areas for SD. However, as expected, use of video conferencing with lawyers had increased significantly. No complaints were received on the lack of access to a lawyer. Prisoner Rules could be accessed throughout the prison.

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



COVID-19 commentary

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

Visit findings

HMP Glenochil had set up a Local Coronavirus Response Group which met for the first time on 24 February 2020 to review the national SPS Pandemic Plan that had been circulated by SPS Headquarters (SPS HQ). The key action taken in response to the pandemic had been recorded in an action plan, and the prison was able to take inspectors through the different stages of the journey they had been on in response to the pandemic.

A comprehensive set of risk assessments had been carried out in line with the national SPS guidance to help assess and manage risks in relation to the pandemic. It was clear action had been taken to promote social distancing in line with the national SPS guidance, and inspectors witnessed staff reminding prisoners of the need to wear masks when outside their residential area and to try to maintain social distancing. Communication with staff and prisoners around the many changes in national guidance had been effective, with staff and prisoners both reporting that they felt well informed throughout the pandemic and recognised that SPS and the local management team were having to deal with a rapidly changing situation.

The SMT were aware of the risk of COVID-19 fatigue amongst staff and prisoners in maintaining effective precautions, and the need to keep highlighting the importance of continued vigilance. At the time of our visit, processes for minimising the risk of transmission appeared robust and the prison is to be commended on the efforts made to keep prisoners safe from the virus.

We are aware that one prisoner tested positive for COVID-19 directly after our visit, and that in line with national guidance, steps were immediately taken to trace and put into isolation anyone who may have been in contact with the prisoner.



COVID-19 commentary

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

Visit findings

During the eight months from April to November 2020 only six staff had tested positive for COVID-19, with 54 other negative results recorded for staff. Over 80 staff were on special leave for COVID-19 related reasons in April 2020, but had dropped to only two by September 2020 and maintained at a low level thereafter. The majority of those on COVID-19 related leave were operational staff in Bands C-E, but a sizeable number of other staff were on special leave during April to June 2020.

The core day, and ability in the initial months to move some staff back from work sheds and other activities to help out in residential areas, had assisted greatly with managing the situation. However, with the efforts now being made to open up as many work sheds and provide as much purposeful activity as possible, such flexibility was harder to achieve. Senior management were aware that some staff were now finding the longer core day to be more taxing than the original shift system.

The total number of staff sick for non-COVID-19 related reasons had been broadly stable over the same eight month period, varying from between 20-29 per month, which was if anything slightly below the normal rate.

Human Resources (HR) closely monitored all absence cases (including COVID-19) and individual cases were discussed by the SMT to understand any impact on the prison regime and business delivery.

HR maintained contact with all those who were absent with updates on their situation shared as appropriate with the SMT and First Line Managers (FLMs). HR provided relevant statistical updates for SPS HQ. HR also had responsibility for booking COVID-19 tests for SPS employees and any family members with symptoms until self-booking options were more widely available.

Although the number of staff on COVID-19 related special leave was of course a challenge, operationally the prison was still able to manage. This was partly due to the freeing up of some staff as a consequence of restrictions which had to be imposed to some other activities such as visits and a reduction in reception activity with less movements to courts and hospital appointments. They were assisted too by the merging of residential divisions, together with a core shift and centrally managed rosters, and clear prioritisation of residential needs to ensure basic human rights were met.

The GIC shared information showing the very significant reduction in the number and cost of sick absences that had been achieved in HMP Glenochil between 2017/18 and 2018/19, which was highly commendable and which we hope can be continued post-COVID-19. The GIC and SMT considered that effective and supportive

engagement had been key to this significant reduction, with the phone calls from the GIC to every employee who was absent for more than 30 days. The new GIC was keen to build on some of the other excellent initiatives that had been in place for some time to engage staff, recognise length of service and good performance, promote health and wellbeing, and support regular dialogue between senior management and staff. HMIPS welcome these initiatives and look forward to the next stage in their evolution.

Although inspectors were not able to discuss these issues directly with HR, the evidence provided by the prison chimed with the positive findings in our last full inspection report about the approach to HR issues in HMP Glenochil.



HMIPS Standard 1 - Lawful and Transparent Use of Custody

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

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. The prison co-operates fully with agencies which have powers to investigate matters in prison.

COVID-19 commentary

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

Visit findings

On entering HMP Glenochil, hand sanitisers and masks were available to all staff and visitors. An information sheet on the guidelines to keeping safe was available at the front desk. Throughout the prison posters and other COVID-19 related information was visible reminding everyone of the need to stay two metres apart, wash hands, etc. The doors of most of the rooms, with the exception of two areas in reception showed the maximum number of people permitted with respect to SD guidelines. Hand gel and wipes were also available throughout and, where these were not distributed, the area provided access to washing hands with soap and water, for example in the Link Centre and residential areas. Where required one-way systems were in place to ensure that people only moved in one direction avoiding 'bottleneck' situations, i.e. the Laundry and Link Centre. More 'open plan' areas such as the Education Department did not require a one-way system. Prisoners were observed moving along the route from work back to the residential areas wearing face masks.

Information leaflets informing prisoners how to adhere to SG guidelines in keeping safe and what to do when feeling symptomatic had been circulated. It was clear that prisoners understood and generally observed the rules and where this was not the case, staff were observed being vigilant in reminding prisoners to wear their masks properly, rather than, for example, around their chin. Observing prisoners on the route, it was evident they were familiar with the COVID-19 guidelines. As an example, four prisoners entering the health centre immediately applied hand gel without prompting.

HMP Glenochil had amended numerous SSOW and Risk Assessments (RAs) to reduce the transmission risk of COVID-19, these were accessible on the local SharePoint site.

The vast majority of staff were seen to be wearing masks at all times (as per SPS Staff Notice dated 08/08/20).

Residential staff were knowledgeable about the rules regarding COVID-19. Staff were able to explain processes following a prisoner presenting as symptomatic.

Reception staff were able to inform inspectors of the process whereby on arrival from another prison, prisoners should have been symptom-free for 14 days. Although HMP Glenochil does not accept prisoners directly from court, they do liberate prisoners. Speaking to one member of staff in reception, he was unclear around the COVID-19 related rules on release and believed all COVID-19 related checks were for others within the prison to do, prior to attending reception. Best practice would be that COVID-19 related processes for release are fully understood by reception staff to give secondary assurance.



HMIPS Standard 2 - Decency

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

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

COVID-19 commentary

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

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

Visit findings

Meals were observed being served in both halls throughout the visit. There was a good choice on offer and it was served at the required temperature. The kitchen staff and officers on the halls checked the temperature at the appropriate times and records were held. The prisoners serving meals were observed to be wearing appropriate Personal Protective Equipment (PPE).

Fresh soup was available every lunchtime and fruit was available with lunch and dinner. A number of prisoners were spoken to during the visit and reported that the quality of the food was inconsistent, and that depending on what meal was being served that day it could be good or not so good.

Prisoners collected their meals from the serving areas in small groups. Despite floor markings they did not always physically distance, but as they were only coming into contact with those in their own hall 'bubble', inspectors were not concerned about this. Prisoners were not allowed use the communal dining area and ate their meals in their cell. Some prisoners complained about having food waste in their cell for lengthy periods. HMP Glenochil should consider allowing prisoners within the same hall to eat together to increase social contact and time out of cell, and to properly dispose of food waste.

The full menu changed twice per year, and within that it was rotated every three weeks. Due to COVID-19 restrictions it was not possible to consult with prisoners on the new Autumn/Winter menu, therefore a decision was taken to use last year's Autumn/Winter menu. Menus were available in other languages and to meet prisoner's cultural/dietary needs. Suitably trained kitchen staff met with every

prisoner who had health-related dietary requirements to agree an individualised menu that was suitable for them. During the visit an inspector was informed that a prisoner who follows a piscatorial diet had not been allocated one. On speaking to the prisoner he explained that he had been ordering fish-based products from the prison canteen, which was proving expensive and had lost a lot of weight due to not getting this diet from the prison. HMP Glenochil confirmed that following our visit the prisoner had requested dietary supplements but this was rejected by the GP as there was no requirement for these supplements to be authorised as there was no medical reason for this diet. The meals provided were nutritionally balanced but some prisoners said that they would like to see the nutritional value displayed on the menus to assist them in making healthy choices. SPS HQ should consider adding this information to the national menus to enable more healthy choices to be made.

Prisoners also spoke about the 'COVID-19 food packs' they were given at the start of the pandemic to keep them going whilst locked up between 17:00 and 08:00. They reported that they no longer received these packs but the lock up times remained the same. That said, each prisoner continued to receive extra milk each week to support the longer lock up times. HMIPS were concerned for prisoners who could not afford to purchase additional snacks from the canteen to keep them going during the lock up period and would like to see the 'COVID-19 food packs' reintroduced.

Inspectors were informed that a PIAC had taken place a few weeks prior to the visit to consult prisoners on the Christmas menu, but apart from that there had been no consultation with prisoners about the food being provided since before the pandemic. HMP Glenochil intended to restart food PIACs again in the New Year, which was welcomed by inspectors given the reports from prisoners about the quality of food being inconsistent. HMIPS will monitor this through the Independent Prison Monitors (IPMs).

The kitchen was operating under a COVID-19 SSOW and RAs. The Kitchen Manager informed inspectors that he was short of prisoners to work in the kitchen but it was manageable and easier to keep them physically distanced. To date the pandemic appeared to have had little effect on the running of the kitchen. All kitchen staff were trained to an appropriate standard in food hygiene.

The regime timetables for all the residential areas were available at the staff desk on each level of every hall. Speaking to a variety of prisoners, it was clear they understood when the different activities should take place. While the prison was striving and broadly managing to stick to the timetable, perhaps inevitably some deviation from the intended timetable was apparent. In general this did not appear to cause much concern or frustration to prisoners.

HMIPS welcomed the fact that the regime provided for more time out of cell than we had seen in other liaison visits. On paper, a minimum time out of cell of four to five hours for many prisoners was recorded, although a few prisoners suggested that the variations to the regime described above meant the minimum might sometimes be nearer to three-and-a-half hours.

Those prisoners who were working or attending education would of course benefit from further time out of cell. The regime provided for daily access to fresh air, showers, and recreation, including those engaged in work or education, with sustained periods out of cell every morning and afternoon.

Although we do not attempt in these two day liaison visits to cover all the issues in our full inspection framework, with regard to other elements of Standard 2 inspectors were pleased to note the arrival of a new batch of mattresses in some residential areas and replacement of older mattresses.

Action Point 1: HMP Glenochil should consider allowing prisoners to communally dine within the same household bubble to increase social contact and time out of cell, and to properly dispose of food waste.

Action Point 2: SPS HQ should include the nutritional value of meals on the national menus to assist prisoners to make healthier food choices.

Action Point 3: HMP Glenochil should reintroduce daily food packs to sustain prisoners overnight while the current core day regime exists.



HMIPS Standard 3 - Personal Safety

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

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

COVID-19 commentary

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

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

Visit findings

During the visit no one was on TTM, therefore no live case files were scrutinised.

Figures released by the prison showed that those who were managed under TTM reduced from 55 in 2019 to 43 in 2020. There did not appear to be a clear defining reason for the reduction in TTM. However some staff suggested that part of the reason for the reduction was that it was more difficult to capture those in crisis and to offer support due to prisoners being locked up for longer periods. This was similar to findings in previous liaison visits.

There was a rise in self-harm incidents from 11 in 2019 to 20 in 2020 for the same period. Evidence would suggest that generally most self-harm incidents were individual, but recently HMP Glenochil had been dealing with a prisoner with Dementia who had self-harmed multiple times which had increased the self-harm incidents.

Inspectors spoke to prisoners who had recently been on TTM. They reported that they had been well looked after and any concerns they had while on TTM had been listened to and they had felt part of the decision making process. One individual had been given support through a speech and language specialist due to his poor communication skills.

The individual highlighted his appreciation for this support as he would have struggled to understand what was happening to him, and the support the specialist gave during the case conference aided the meeting to make sound judgements on dealing with the risk presented. The use of this specialist was noted as good practice.

Forty-four prisoners had been isolated under Rule 41(a) during the pandemic but thankfully HMP Glenochil has not had to deal with a positive prisoner COVID-19 case. In most cases, test results of those suspected of COVID-19 are returning within 48 hours and therefore people are not on Rule 41(a) for longer than necessary.

Originally, the Separation and Reintegration Unit (SRU), known as Devon, was identified as the area to deal with those suspected of having COVID-19 but this has now moved to two areas within the prison. One area is in Harviestoun and one area in Abercrombie. Inspectors visited both areas. Although both areas were ready to receive prisoners the areas for staff to change were different. In Abercrombie there was no separate area in which PPE equipment was stored and disposed of and equipment held. Staff are expected to change into and out of PPE in the back staff office behind the staff desk. This does not represent a safe environment in which to deal with COVID-19. PPE equipment was lying on top of cabinets and there was no access to appropriate bags to place clothes in for safe carriage to the laundry.

Harviestoun had a room identified that allowed staff to change in and out of PPE. Bins were available to deal with any contaminated clothing and PPE. PPE was stored away with a good level of stock

A SOP had recently been amended to ensure that those in isolation are offered access to fresh air, a shower and the use of a telephone if required. However, in both areas there was no information sheets available to give to prisoners to explain the COVID-19 restrictions and processes. There did not appear to be any record keeping in place to assure HMP Glenochil management team that those in isolation were given their human right entitlements.

Inspectors spoke to individuals who had been on Rule 41(a) but had only been on this for a short period of time, under 24 hours. It was clear that they had been treated well and were verbally kept up-to-date with the process, but they confirmed that they had not been given any information and relied on staff telling them. They confirmed that staff had asked if they wanted their family informed of their situation. There were areas identified to allow access to fresh air, however both prisoners had not been in isolation long enough to use these facilities.

Action Point 4: HMP Glenochil should identify an area in Abercrombie Hall that is appropriate for those staff dealing with prisoners managed under Rule 41(COVID-19) allowing for safe work practices.

Action Point 5: HMP Glenochil should ensure that information sheets should be readily available to explain to those under isolation of the procedures and processes.

Good Practice 1: the use of a speech and language specialist during a TTM case conference to assist in the understanding for the individual and to support the decision making process.

HMIPS Standard 4 - Effective, Courteous and Humane Exercise of Authority

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

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

COVID-19 commentary

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

Visit findings

As with all LVs, the SRU was visited by the team. Devon was found to be reasonably clean and staff went about their duties in a diligent and respectful manner.

Assurance sheets were completed on a daily basis to ensure all occupants were given access to showers, fresh air, and a telephone (if required).

Weekly narratives rather than daily narratives were entered into the Prison Records System (PR2). This information came from daily narratives uploaded into SharePoint and was fully accessible to staff. Where there is a significant incident then this will be recorded immediately and not left until the weekly narrative update. On checking a sample of narratives in PR2, it was found that the time between inputs when recording narratives was sometimes more than two weeks. However, there were also some examples of narratives being uploaded every three days for prisoners who presented a higher risk.

Although HMP Glenochil will manage prisoners on Rule 95(1) in the residential areas, generally they are managed in Devon. During the visit there were eight prisoners in Devon. Three on Rule 95(1), one on Rule 95(11), and four on Rule 95(12). On checking the paperwork for the Rules on 95(11) and 95(12) they were found to be lawful. A concern was that one prisoner had been removed to Devon under Rule 95(1) due to a discipline report and was found not guilty at the discipline hearing. He was then placed on a subsequent Rule 95(1) and therefore had been placed on two consecutive Rule 95(1)s and therefore was being held on a local rule for six days.

An extension of his original Rule 95(1) should have been sought but there was no evidence that an extension under Rule 95(11) was requested at that time and so a second Rule 95(1) was imposed. HMIPS believe that this is not appropriate.

The Prisons and Young Offenders Institutions (Scotland) Rules 2011 - Removal from association under Rule 95 states that:

5) An order under paragraph (1) cannot last for more than 72 hours from the time it is made unless an extension has been authorised by the Scottish Ministers in writing in accordance with paragraphs (11) and (12).

Inspectors spoke to an individual being held in Devon who confirmed that that he was offered his entitlements on a daily basis including attending visits, both face-to-face (when they had been running), and virtually in the Visit Room. He reported that he felt that he was treated fairly by staff and was visited by a duty manager daily.

Action Point 6: HMP Glenochil should ensure that if weekly narratives replace daily narratives in PR2 then this should be adhered to.

Action Point 7: HMP Glenochil should not hold prisoners under Rule 95(1) for longer than the prison rules state (a maximum of 72 hours). If a further period of removal from association is required then a request of an extension through a Rule 95(11) should be sought.



HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment

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

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

COVID-19 commentary

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

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

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

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

Visit findings

Face-to-face visits were suspended due to national lockdown guidance. Inspectors looked at the processes as it is an ever-changing situation. There was a 'reasonable excuse' criteria where special requests were considered on a case-by-case basis from prisoners with, for example, mental health issues or young children where a face-to-face visit could take place. Inspectors observed a family visit taking place during the visit and the process worked well. Inspectors were told that a review of visits was taking place to try to improve attendance.

The route to the Visit Room, for both prisoners and visitors, and the room itself had been set up to meet SG COVID-19 guidelines. The seating areas were adequately spaced out, and a one way system was in operation. Inspectors were pleased to

see that the vending machines were still in use. Additional cleaning had been introduced within the Visit Room and records were kept.

There was space in the Visit Room for seven prisoners to have face-to-face visits, and there were four, 45 minute sessions available every day. Visitors were briefed on the revised processes on arrival. Visitor numbers were low and had dropped significantly since the pandemic started. There was capacity for 270 sessions per week and prisoners were entitled to one visit per fortnight. A visitor survey was undertaken by the Visitor Centre during September 2020 and feedback from families/friends was that they would prefer a 60 minute visit session, which HMP Glenochil will consider. Families were also concerned about visiting the prison during the pandemic and the restrictions to travel and provision of mobile phones had also had an effect in reducing the number of visitors.

There were six virtual visit booths in the Visit Room. There were seven sessions most days, with only five on a Tuesday and Thursday to allow for essential maintenance to take place. Take up was below 60% per session and prisoners could request as many visits as they wanted, with the exception of prisoners being held in the SRU who were only able to request two visits per month. Inspectors heard that the booking system was cumbersome. All requests come from the visitor to the prison and they allocate a time. If the time does not suit the visitor they refuse it and make another request and the prison offer a different slot, making it very onerous. The first two sessions of the day tended to be less popular and HMP Glenochil were reviewing this. HMIPS were concerned to hear suggestions that there may be a charge for families to use this process by the end of year. This was a concern for the Inspectorate and escalated to SPS HQ.

Prisoners spoken to were content with the visits process and felt there was sufficient access for those who wanted it.

There was a very welcoming and much valued Visitors Centre located inside the entrance to the prison that remained open for families to use prior to visiting the establishment.

Prisoners had been provided within in-cell telephony and were pleased to be able to contact family and friends more readily. Access to hall phones was provided for in the regime.

The Email a Prisoner Scheme was available and there were posters in the halls advertising it. Prisoners were aware of it and how to access it, and said it worked well. There had been a significant increase in emails from friends and families during the pandemic, but no increase in responses from prisoners.

There were no issues reported with incoming or outgoing mail.

All prisoners in HMP Glenochil had access to 45 minutes to one hour's recreation time every day. At the time of the visit, prisoners were restricted to staying within their section of the hall and one week they were offered it in the morning and the following week in the afternoon. Inspectors observed reasonable numbers out of their cells.

Prisoners spoken to said they associated with other prisoners in their hall during this time, played board games, snooker and table tennis. They could also purchase playing cards from the Canteen.

Motivational exercise information could be accessed via the cell TV loop and exercise sheets had been provided along with resistance bands.

Prisoners were offered the option of face-to-face or video meetings with their legal representative. Face-to-face visits were conducted in a room with a screen partition, however staff reported that video meetings were the more popular option, especially by Lawyers, in order to prevent unnecessary travel. Nonetheless, prisoners did not report any issues in being able to access legal advice. Agent visit rooms are cleaned by Officers after each use and prisoners are provided with hand sanitiser before and after entering the agent visit room. Prisoners spoke positively about their experience with video agent visits. Both prisoners and staff reported that the video visits system was working well, with technical difficulties very uncommon. However, staff drew attention to persistent connectivity issues in the virtual courtroom, with rescheduling of cases due to poor sound quality a frequent occurrence.

Prison Rules were available at the desk on all residential areas.

Prisoners were able to access an increased range of different books, DVDs, and games from boxes on the hall and these were being rotated between halls for variation.

Access to PCFs was not consistent throughout the residential areas. Where PCFs were not readily available in living areas, prisoners had to ask staff for them. Prisoners remarked that this system was not confidential and this may discourage prisoners from making a complaint. Some issues were raised with the process for PCF2s, where some prisoners did not feel it was possible to do so anonymously and without the FLM's knowledge.

However, there was evidence that the complaints process was operating as normal and prisoners who had been through the process reported that they had been given adequate opportunity for their voice to be heard.

There had been a 32% reduction in complaints between 2019 and 2020. Inspectors noted that out of the 400 complaints received between April and November 2020, 62 complaints had been heard by the ICC. Out of the 62, 21 were upheld with one escalated to the Scottish Public Services Ombudsman (SPSO). This suggests that each stage of the complaints system was working well. Inspectors did not have time to review all PCFs but a small sample were reviewed and deemed to have been dealt with appropriately.

Action Point 8: whilst it was clear that HMP Glenochil were providing SRU prisoners with some entitlement to visits, it is recommended that they review whether there could be some extension to this to ensure they have the same access to visits as other prisoners.

Action Point 9: HMP Glenochil should ensure that prisoners have access to PCFs without having to request them from staff.

HMIPS Standard 6 - Purposeful Activity

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

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

COVID-19 commentary

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

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

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

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

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

Visit findings

All prisoners were offered one hour fresh air every day. Inspectors observed reasonable numbers participating throughout the visit, despite the poor weather. Prisoners reported that they liked fresh air being restricted to one section of a hall at a time as they felt safer.

All prisoners had been provided with their own fleece to wear during the colder months and were observed to be wearing them during the visit. HMP Glenochil has purchased a sufficient supply of waterproof jackets for all prisoners who wish to take exercise during wet weather. However, HMP Glenochil need to take steps to ensure they are readily available.

Inspectors spoke with a wide range of prisoners and staff during the two day visit, most of whom expressed satisfaction with the level of communication received during the pandemic. Most prisoners and staff recognised the fast changing nature of the situation with regard to changes to national guidance and the impact on policies (for example on visits) was extremely challenging for everyone, but a small number of prisoners felt communication around changes to the prison regime could have been better. It was noted by the inspection team that there an abundance of information notices about COVID-19 around the prison that explained to prisoners how they could protect themselves against the virus and stay safe, including how to SD and wash their hands effectively.

The prison was able to provide evidence of some information being translated into other languages, for example the phone compacts. However, the prison confirmed that the translation service had only been used once for an interventions assessment since March 2020.

PIACs were held quarterly and inspectors were informed that some form of formal dialogue between staff and prisoners occurred every month. In the time available, however, it was not possible for inspectors to assess how productively these meetings were viewed by prisoners. HMIPS welcomed the plans which the new GIC had to enhance opportunities for dialogue with prisoners.

Prisoners had been able to access the Learning Centre since the return of Fife College staff in August 2020. During the period from March to August 2020 limited education provision was offered to prisoners. The College produced a number of Cell Learner Packs which were distributed to prisoners via residential hall staff. A number of prisoners spoke positively about the activity packs which covered a range of topics including health and wellbeing, Scottish culture, and creative writing.

Currently, the Learning Centre was operating with reduced numbers due to SD measures, with a maximum of 24 prisoners at any half-day session. To manage this reduced capacity, the number of classes that individual prisoners can attend had been reduced to ensure equity of opportunity. Waiting lists were in place for popular subjects such as music and art. The range of classes on offer was similar to previous visits – largely provided at Scottish Credit and Qualification Framework (SCQF) levels four to five, consisting of core skills, English for Speakers of Other Language (ESOL), art and music. A limited range of National 5 and Higher courses were offered. A few prisoners were studying open learning programmes, including through the Open University.

A small group of prisoners were peer tutors (16) and continued to act as mentors and peer support to other prisoners. However, the current SD measures in the residential areas had limited the peer tutors' movement between landings to work with other prisoners.

Most work parties were operating in the prison, with the exception of timber assembly, general purpose assembly, and Vocational Training (VT) painters, accounting for a reduction in 70 jobs. Officers from these work parties had been redeployed to other prison duties as a consequence of the current COVID-19

restrictions. Work parties were operating within current COVID-19 arrangements, with reduced numbers when necessary and breaks staggered to encourage SD to be observed.

The Cleaners work party was continuing to offer useful employability certification with British Institute of Cleaning Science (BICS) awards. Passmen were included in a rolling programme to ensure they all undertook the elementary BICS award.

However, there were insufficient employment opportunities in work parties to take account of all of those prisoners eligible for employment. Currently just over half of prisoners (57%) participated in work parties and even if the additional 70 COVID-19 related jobs loses were included that would account for participation levels of 68% of those eligible for employment.

Some members of the chaplaincy team had been on-site throughout the pandemic, with others providing support from home. They had adapted admirably to provide continued support to prisoners through a combination of one-to-one pastoral meetings, weekly newsletters to those on the church attendee list, monthly newsletters to the whole prison, faith packs with reading material, CDs, Arts and Crafts, and an impressive number of personal handwritten letters to prisoners. The in-cell information channel was also well utilised for weekly services, quizzes, and music video nights.

In-person church activities recommenced in September 2020 with reduced numbers due to SD. Prisoners in Harviestoun are able to attend church services weekly but due to higher demand in Abercrombie, prisoners can only attend on a fortnightly basis. All Muslim prisoners are able to attend groups weekly and were adequately supported to observe Ramadan. The chaplaincy team has also facilitated prisoners attending virtual funeral services.

All prisoners, apart from non-offence protection prisoners, have access to gyms and fitness equipment at various times throughout the week, including weekends. At present there are no evening sessions available due to COVID-19 restrictions. A rota timetabling the different halls and prisoner groups was in operation and ensured that SD measures within the different areas of the prison were followed.

Cardiovascular equipment and weights have been reorganised within the gym and games hall to take account of SD measures. A small area of the games hall was retained to allow a few prisoners to play badminton, short tennis, and carpet bowls. As a result, reduced numbers of prisoners are able to use the gym and games hall facilities at any one time. Other measures included no paired working and stringent cleaning of all equipment before and after use. All users had to complete a revised induction session which outlined hygiene and SD protocols and sign a COVID-19 disclaimer prior to accessing the facilities following their reopening.

Prisoners were also able to use small satellite gyms in the residential halls which had a few pieces of cardiovascular equipment. The prison had also made available some additional pieces of exercise equipment for prisoners to use in their cells, including Power Bands and Ab Wheels. These were distributed by residential hall

staff and were well used by prisoners. The prison had also made available in-cell exercise sheets and an exercise PowerPoint presentation on the prison TV channel to support prisoners with in-cell exercise.

Action Point 10: HMP Glenochil should take steps to ensure that waterproof jackets for all prisoners are readily available, when they wish to take exercise during wet weather.

Action Point 11: HMP Glenochil should ensure that there are sufficient employment and training opportunities available for all those prisoners eligible for work.

Action Point 12: HMP Glenochil should ensure all prisoner groups have fair and equitable access to the gymnasium.



HMIPS Standard 7 - Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

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

COVID-19 commentary

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

Visit findings

During the pandemic, prisoners due for release have continued to receive support from key agencies supporting a successful transition to the community. Although meetings were carried out by telephone, it was felt that the prison could have explored more options by way of virtual meetings with agencies. New Routes throughcare, housing support, contact with family, and addictions support has all continued throughout the period, although the offer is understandably reduced. Agencies reported that the impact of 'blended' access has meant an increased role for personal officers, increasing their knowledge of agencies. The prison has supported key agencies in the development of novel approaches to supporting families and working with parents in prison. This reflects a good understanding of the potential role of families in enabling a successful transition back to the community. Prisoners were continuing to get good access to prison-based mental health and addictions supports during lockdown, and connections were being made to supports available in the community for those due for release. Other than a dedicated national phone line, there is currently no welfare advice service available to prisoners due for release. Access to these services when in the community will be affected by COVID-19 restrictions making pre-release advice and guidance increasingly important.

Prisoners report that most contact with agencies and family is by phone but there has been an increased use of video-based contact. For families, this has had the unintended consequence of reducing the stress related with a physical visit. The equipment available to prisoners has largely stood up to the task but one agency was concerned about "digital poverty" affecting some family access. Although virtual contact clearly has been beneficial, we heard some concerns about the absence of face-to-face contact. Some were concerned about identifying the unwritten vulnerabilities or needs of individuals, or effectively establishing relationships which would continue beyond release.

SPS staff reported positive relationships with MAPPA partner agencies developed over time and good engagement in these and other multi agency meetings. MAPPA, RMT, and PCMB processes have all been sustained throughout the pandemic.

Most of the PBSW team have continued to work in the prison during the pandemic. The impact of the pandemic has had a significant effect on the capacity of the PBSW team and they have had to prioritise areas of work. Even with this, we heard that there was a backlog of reports and assessments and the team has not always been able to attend ICM, MAPPA, and Parole Board meetings. We heard concerns that this was impacting on the ability of these forums to make defensible decisions about progress for prisoners and risk management plans for release. Broader attendance at ICMs is a mixed picture with the increased involvement of community-based social work, but with reduced attendance of other agencies and families due to the restrictions of technology. Where the health team do not attend planning meetings, they will provide relevant updates.

ICM co-ordinators and Link Centre staff have been required to work differently since March and they are concerned about how this has impacted on capacity and the 'individualised touch' they usually offer. However, prisoners subject to statutory supervision when released were still benefitting from robust formal planning processes during the pandemic. Co-ordinators have worked hard to sustain enhanced ICM meetings, but this has involved prioritising pre-release meetings. We heard that there was a backlog in annual ICMs. Short-term prisoners due for release have benefitted from referrals made by residential staff to life skills staff, who dedicate time to provide advice and signposting to services. As a result, the prisoners we spoke with articulated a good understanding of their involvement in making plans for release and who would be involved in supporting them. A specific focus on housing has helped to prevent homelessness and contributed to appropriate housing for individuals on release.

Whilst the PCMB process has been sustained there have been delays in the completion of GPAs. Due to the restrictions imposed by the lockdown, the delivery of the available group programmes (Moving Forward: Making Changes and Pathways) was suspended in March 2020 and only latterly have these restarted, but only for the March 2020 cohort and at a reduced capacity due to SD and the availability of programme staff.

One prisoner told us he had completed online IT and Health and Safety training which he felt would help with his employment prospects on release.

New Routes staff have worked with prison staff to develop a 'release pack' during the pandemic which is giving useful information to prisoners about COVID-19 restrictions and supports available. Agencies reported positively on the support given to prisoners released as part of the COVID-19 pandemic early release programme.

Good Practice 2: with the restrictions on agency visits, the efforts of a life skills officer and other staff to ensure that prisoners due for release are getting the support they need is commendable and will contribute to better outcomes for those leaving custody.

Good Practice 3: contact with family has been well managed and the partnership between the prison and key agencies has encouraged the development of novel approaches. This effort has helped to minimise the impact of pandemic imposed changes on families.

Action Point 13: HMP Glenochil should explore more options for engaging with agencies such as virtual meetings when dealing with prisoners due for release.

Action Point 14: HMP Glenochil should try to re-establish partnerships with welfare/benefit advice services who would be able to ensure prisoners are getting the advice they need prior to release.

Action Point 15: HMP Glenochil and Clackmannanshire Council should work together to ensure that the PBSW service can fulfil its role in providing timeous professional assessments and reports to properly inform defensible decisions about prisoners.

Action Point 16: SPS and HMP Glenochil need to develop a coherent plan to maximise availability and ensure the ongoing delivery of group programmes, this includes addressing the backlog on GPAs.



HMIPS Standard 8 - Organisational Effectiveness

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

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

COVID-19 commentary

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

Visit findings

Throughout the visit it was apparent that most staff were generally well versed in the process and policies relating to COVID-19. There were pockets of staff who were not always clear on how to handle various situations that COVID-19 has created, such as the process to ready people for liberation at reception and whether people on Rule 41(a) would get access to fresh air.

Staff reported that generally communications from the SMT and SPS was good accepting that at times it was a fast changing landscape and changes had to be made quickly. Staff reported that it was helpful that senior managers were visible within their working areas.

A number of non-residential staff expressed frustrations that due to the core day and supporting residential staff they were unable to fulfil their main role within the prison, which had an impact on purposeful activity and assisting those that were to be released into the community.

It is worth noting that, due to the core day, some staff reported that they were feeling tired and that COVID-19 fatigue was setting in. Staff commented that every day was 'like a weekend'. Previously before the change to the 'core day' there was a distinction between the Monday to Friday regime and a 'weekend regime', this is no longer the case and staff articulated that it can be very repetitive.

Staff and prisoners did comment that in most cases relationships had improved during the lockdown albeit worrying incidents of staff assaults were still happening.

HMIPS Standard 9 – Health and Wellbeing

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

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

COVID-19 commentary

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

Visit findings

HIS liaison visit to HMP Glenochil, 3 December 2020

This section sets out the HIS findings from their liaison visit to HMP Glenochil on 3 December 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID-19 pandemic. In particular, access to care, governance, leadership and staffing, and infection prevention and control. HIS's findings below align with Standard 9 of the [Standards for Inspecting and Monitoring Prisons in Scotland](#).

How we carried out the liaison visit

In advance of the liaison visit HIS asked NHS Forth Valley staff at HMP Glenochil to complete a pro forma regarding healthcare provision during the pandemic. A follow-up teleconference was held with NHS Forth Valley to discuss the completed pro forma. Inspectors then developed key lines of enquiry for the visit.

Three inspectors (including one inspector who was shadowing the visit process) attended the prison on the site visit and spoke with members of staff, and viewed the care environment within the health centre. Given the current restrictions on the movement of prisoners and to safeguard both patients and staff, inspectors did not speak with or come into contact with any patients during the liaison visit.

Access to care

Reception procedures were introduced to assess all new arrivals into HMP Glenochil in line with national COVID-19 guidance. Several nursing staff had completed online training in COVID-19 testing and a track and trace system was in place.

Patients with symptoms of COVID-19 would be isolated in the segregation unit and medication would be administered at the cell door. SPS staff are made aware of

patients who require to isolate so that they know to wear PPE during any interactions.

We were concerned that the healthcare team did not have a dedicated room in which to see patients who arrive at the prison reception. The room at reception is shared with SPS staff. The room was cluttered with excessive furniture, including several filing cabinets with multiple boxes piled on top. There was also unlabelled sharp boxes within the room that belonged to SPS. Excessive furniture and boxes meant that the room cannot be cleaned effectively and could also lead to trips or falls, or potential access to items for use as weapons. SPS and NHS Forth Valley staff must work together to ensure that the room used for prisoner admission assessment is clean, safe and fit-for-purpose. **Action Point 17.**

In line with the SG announcement that shielding would be paused from 1 August 2020, there were no patients shielding at HMP Glenochil. Patients who were previously shielding were given a letter with guidance about coronavirus and had a care plan in place.

Easy read leaflets were distributed to all patients, in conjunction with SPS, informing them of changes to the delivery of services in response to the pandemic. A questionnaire was distributed to patients during the initial phase of the pandemic. This included questions on people's experience of care being provided by NHS Forth Valley and what could be improved. **This is good practice.** The survey results revealed that prisoners were generally satisfied with the response to COVID-19. However, the healthcare team acknowledged that due to a low response rate, the survey results were not necessarily reflective of the entire prison population.

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

Primary care

There was no change to the referral process during the pandemic. Referral forms are available in all the halls and are triaged by the primary care team lead with a staff nurse to ensure urgent requests are reviewed as a priority. The GP reviews requests for medication or changes to medication. GP and Advanced Nurse Practitioner (ANP) clinics have also continued.

During the initial stages of the pandemic, routine services were reduced in line with changes to community provision. A letter was issued to all patients explaining that only urgent consultations would take place, and that they should re-refer once normal healthcare services resumed. Healthcare services resumed in July 2020 but with less contact with patients as the healthcare team can only see five or six patients within the health centre, due to waiting room capacity and restrictions on mixing the prison population. The dentist and optician are restricted to seeing five patients each day.

In October 2020, a Prison Officer was identified as COVID-19 positive and a track and trace exercise led by the SPS resulted in five healthcare staff needing to self-isolate for two-weeks. In response, the healthcare team had to reduce services

to essential care only. A letter was issued to all prisoners indicating that clinics (including long-term condition and 'Wellman' clinics) were suspended due to staff requiring to isolate and that individuals should put in a referral if they experienced deterioration or a change in their health condition.

There has also been challenges with access to pharmacy services due to staff absence within the NHS Forth Valley pharmacy team. Some pharmacy activities are being undertaken by healthcare assistants which has impacted on their ability to deliver routine services such as physical health clinics. The combination of reduced footfall into the health centre, and the required isolation of staff and healthcare assistants not being able to fulfil their usual work activities has led to extended waiting times for access to primary care. On average 25/30 patients are currently seen each day compared to 70/80 patients before the coronavirus pandemic.

The healthcare team has discussed with SPS the possibility of bringing patients into the health centre in bubbles to enable more patients to be seen and thereby reduce waiting times. However, this option has not been taken forward by SPS. HMP Glenochil and NHS Forth Valley should work together to find a solution to improve capacity within the health centre to reduce patient waiting times for access to primary care services. **Action Point 18.**

Near Me (a secure NHS video call service for patients) is used within the health centre to carry out consultations with patients who are escorted to the health centre for their appointments. Speech & Language Therapy staff also use Near Me and some secondary care outpatient appointments are undertaken using Near Me or by phone. At the time of the liaison visit, the healthcare team was arranging for Near Me to be made available in the residential halls via a laptop. This will help to minimise patient flow and risks within the health centre and also support a reduction in waiting times.

Patients with long-term conditions continued to be identified on admission. Although formal long-term condition reviews had been put on hold due to the pandemic, nursing staff were still aware of specific patient needs and individual care plans were in place and updated when required. During medication rounds, staff have good oversight of all vulnerable patients and told us that SPS staff alert healthcare staff of any concerns about a patient's health and wellbeing. There is also an enquiry line which SPS staff phone if they have any concerns regarding patients. Fortnightly meetings are taking place between the healthcare team and SPS which enable attendees to discuss and identify patients requiring support. Both SPS and healthcare staff indicated that communication is good and any patients causing any concern will be reviewed.

Palliative care meetings have restarted which are usually carried out quarterly. These are attended by health, HMP Glenochil, and appropriate external agencies. Although there are no palliative patients in HMP Glenochil at present, all patients who have an Anticipatory Care Plan (ACP) are discussed at these meetings. At the time of the visit, nine patients had an ACP in place.

The last medication round is carried out from 15:00. The GP had carried out a review of patient Kardexes resulting in many patients having their prescriptions

changed from supervised to weekly or daily issue where appropriate. Subsequent reviews identified cases where it was not safe to continue in-possession dispensing, resulting in a small number of patients reverting back to supervised issue.

We saw that not all prisoners had access to their own safe to store in-possession medication, or in some instances the cell safes were broken. The HMP Glenochil and NHS Forth Valley must review the storage of in-possession medication in shared cells to ensure that these medications are appropriately and safely stored. **Action Point 19.**

During the last inspection we highlighted concerns about the rooms where medication was supplied as they were not fit-for-purpose. We were pleased to see on our revisit that most of the rooms have been refurbished, except for the 'Abercrombie' room. The 'Abercrombie' room should be refurbished as a priority to support safe administration of medication. **Action Point 20.**

Due to staff absence in the NHS Forth Valley pharmacy team in the prison, back-up was being provided by healthcare assistants and nurses. This has resulted in some services being suspended, such as basic foot care and weekly or monthly weight appointments. However, the healthcare assistant holds a clinic diary highlighting which patients require to be seen for certain interventions, such as blood pressure and weights. These patients are then seen in the halls and referred to the GP or ANP as required.

The dental service has been reintroduced with limited services as per NHS Forth Valley and national guidance. The service does not undertake Aerosol Generating Procedures (AGP) and patients attend Falkirk Community Hospital for emergency dental treatment. In response to recent national guidance, the healthcare team has commenced a risk assessment around potential delivery of AGP and how an incident might be managed within an extended dental service.

The SPS pay for social care, which is provided by a contractor who offers a 24 hour service. The healthcare team has not experienced any issues with access to social care. Patients receiving social care all had a care plan in place. Inspectors saw a good range of equipment available to support social care.

Mental Health

The mental health team continued to accept referrals and assess patients identified as requiring support during the pandemic. All routine referrals are seen for triage assessment within seven days and urgent referrals are seen within 48 hours. **This is good practice.** TTM case conferences and risk management also continued.

Following risk assessments by HMP Glenochil activity packs and art materials were given to patients to help support their mental wellbeing. Physical education instructors also provided health and exercise regime information to individuals.

We heard that at the start of the pandemic there was a significant delay in transferring a patient to a medium secure psychiatric hospital bed for inpatient treatment, partly due to COVID-19 restrictions at the time. The healthcare team

contacted the Mental Welfare Commission for Scotland for additional assistance and support and a bed was eventually found. Patients requiring additional support or identified as being vulnerable have individual care plans and regular reviews. During the initial phase of the pandemic, access to psychiatry was supported through the provision of Near Me consultations and there is currently no waiting list. Team discussion and meetings have also continued through use of virtual platforms. The psychiatrist now attends the prison on a weekly basis for their psychiatry clinic.

Access to individual clinical psychology sessions was paused at the start of the pandemic in line with the community provision. This resulted in an increase in people waiting to access psychological therapies. We were told that clinical psychology do not share information about their waiting times for assessment and treatment with the multi-disciplinary mental health team in NHS Forth Valley. The rationale for this was that prisoners can move in and out of custody or be transferred to different prisons, making it difficult to keep an accurate record of waiting times. This is a concern as not sharing this information can hinder the healthcare team's ability to deliver and plan comprehensive healthcare for their patients. The NHS Forth Valley clinical psychology team should endeavour to share approximate waiting times for access to clinical psychology for the prisons in Forth Valley. This should include information on waiting times for assessments and waiting times for commencing treatment. **Action Point 21.**

Clinical team meetings, case formulation meetings and mental health multi-disciplinary team meetings continued using a virtual platform.

Where additional health care needs are identified for a patient, these are delivered under Rule 41(a) (where patients require to self-isolate). This is supported by an individual care plan and regular reviews which is discussed at a multi-disciplinary team meeting. There was evidence of comprehensive care plans which are shared with HMP Glenochil staff and which provided the opportunity for patients to contribute. All patients on a Rule 41 were seen daily by nurses from the mental health team. **This is good practice.**

Substance Misuse

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

There are three case workers within the substance misuse team and no substance misuse nurses. However, mental health nurses provide input where required. The substance misuse team has a positive working relationship with a Third Sector charity aimed at supporting patients with alcohol or drug dependency.

Leadership across the three prison health centres in Forth Valley had recently been strengthened by the appointment of an addictions team lead in August 2020. Staff and managers spoke positively about the positive impact of this role.

In line with SG [Coronavirus \(COVID-19\): clinical guidance on the use of Buvidal in prisons](#), NHS Forth Valley introduced the 'Buvidal Injection' during the pandemic. Currently, 36 patients in HMP Glenochil are receiving Buvidal. Patients who have

moved onto Bupropion have reported health benefits to staff. The GP has been collating feedback from patients to help determine the success of the drug over time and to share learning with other patients, colleagues, and other prisons. HMP Glenochil and the primary care team are working with community services to continue use of Bupropion on liberation and when in the community.

Blood Borne Virus (BBV) and sexual health clinics in HMP Glenochil are offered on an opt-out basis. Despite the clinics being paused initially, BBV testing had continued and sexual health clinics resumed in July 2020. Dry blood spot testing was also provided and we heard there were plans to extend the availability of this through training staff in the prison healthcare addiction service team.

Addictions staff offer one-to-one Naloxone training (Naloxone is a drug used to reverse the effects of an opiate overdose) to patients with a planned liberation date. Naloxone kits are also placed alongside patients' belongings. A nasal spray alternative to Naloxone in injection form was offered during the initial pandemic response. There is a system in place to identify if patients choose not to take Naloxone with them on liberation.

Group work remains suspended in line with current guidance. There were discussions taking place to identify how 'Recovery Cafés' could be safely introduced. Staff identified these groups as being most requested by patients to restart when possible.

Smoking cessation continues to be offered to new admissions within 72 hours of admission. The waiting time for self-referral is usually between 6-8 weeks.

Both mental health and addictions services were identified as clinical priorities within HMP Glenochil and this was consistent with NHS Forth Valley priorities.

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.

We visited areas where healthcare was delivered. Cleaning is carried out by a private contractor employed by SPS. The contractor is responsible for cleaning the rooms within the health centre each day. Staff cleaned surfaces and equipment between each patient. Hard surface/detergent wipes are used for flat surfaces and are readily available in all areas.

While the health centre was visibly clean and of a good standard, we had concerns about cleanliness of rooms within the residential halls. The medication rooms within the residential halls are cleaned by staff each day and the floors are cleaned weekly by the trained passmen. These rooms were generally clean, however some of the floors had some debris on them. We also saw that the sink within the SRU treatment room was dirty and there was no wipes or hand gel available. The majority of bins within each room in the hall were almost full. These bins should be emptied daily.

HMP Glenochil and NHS Forth Valley must ensure that rooms in the halls where healthcare is delivered are effectively cleaned to the relevant standard to ensure the safe delivery of healthcare.

The majority of the fabric of the building allowed for effective cleaning. We were told that planned preventative maintenance was ongoing. Due to staff sickness, repairs were not always carried out in a timely manner and at times staff had to follow-up on outstanding repairs. We were told that not all estate issues found on inspection had been reported to estates. We saw that there was damage to clinical beds in the treatment rooms within the health centre and tables and shelves within the medication rooms, which meant they could not be effectively cleaned. NHS Forth Valley must ensure that healthcare facilities and equipment are fit-for-purpose and maintained to allow for effective cleaning to ensure safe delivery of healthcare **(included in Action Point 17)**.

Alcohol gel dispensers are available in communal areas within the health centre for decontamination of hands. All sinks in the health centre and medication supply rooms are compliant and decontaminated in line with the HPS guidance. All staff have access to a personal alcohol gel dispenser for when they cannot access a sink. Detergent wipes were available in all clinical areas and chlorine releasing disinfectant is available in the event of a suspected or confirmed case of COVID-19.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use, as well as the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles were available in all clinical rooms.

Throughout the pandemic the prison healthcare team received limited support from the NHS board's infection prevention and control team. However, staff told us that they are able to contact the team if required and NHS Forth Valley infection control information can be accessed online. Support is also available from the System Leadership Team, COVID-19 Control Team, COVID-19 Hub, Pandemic Incident Management Team, and the Public Health Team.

Staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover or by email. We saw evidence of efforts taken to reduce the patient footfall in the health centre as required by social distancing requirements. All staff had access to and received training on the use of PPE. Staff had been fitted with FFP3 masks and up-to-date electronic records for mask fit testing were kept. AGP are not undertaken so FFP3 masks have not been required, however, the masks are available if needed.

Governance, leadership and staffing

Prison healthcare is managed by NHS Forth Valley and sits within the NHS board's Primary Care and Mental Health Directorate. At the onset of COVID-19, NHS Forth Valley established structures to support decision-making and oversight of prison healthcare. This included an NHS Forth Valley Pandemic Incident Management Team; attendance at weekly Scottish Health in Custody Network meetings; and daily

huddles. The Senior Leadership Team included the service manager for prison healthcare and this ensured direct links with clinical practice.

We saw evidence of contingency plans and guidelines for NHS Forth Valley for responding to the pandemic. A recovery plan setting out the remobilisation of services across the three prisons has been submitted to SG as part of the wider NHS Forth Valley COVID-19 remobilisation plan for Mental Health, Learning Disability, and Prison Healthcare.

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

Several risks were identified and recorded on the corporate risk register reflecting the initial response to COVID-19 and the subsequent recovery plan post COVID-19. The risk register is reviewed through the clinical governance arrangements. Some of the risks presented by COVID-19 were mitigated with the introduction of Near Me to enable virtual consultations.

Safe staffing levels have been maintained in the establishment throughout the pandemic. This was supported by a change in the shift pattern to align with the changes to the regime in HMP Glenochil.

The core shift runs from 07:45 to 17:45. There are no staff on a backshift and care is delivered within the core hours. All prisoners within HMP Glenochil are convicted so there are no issues with late arrivals from court. There are transfers of prisoners into HMP Glenochil, occasionally arriving in the afternoon. Late arrivals are anticipated by the healthcare team and a Deputy Team Leader or a member of staff would work late if required to admit arrivals.

Recruitment has been ongoing and a Band 5 mental health nurse post is currently under recruitment. To support a sustainable workforce, work was undertaken with the University of Stirling to promote the role of prison healthcare nurses across NHS Forth Valley and provide opportunities for learning within the prison. One of the Band 5 mental health nurses qualified in September 2020 and had been a Band 4 student within HMP Glenochil since May 2020. **This is good practice.**

Since the visit took place, the NHS board has expanded the ANPs led service across three prisons within NHS Forth Valley from two to four ANPs.

A range of resources are available to support staff health. This includes wellbeing resources for staff and managers dealing with COVID-19. Staff told us they felt well supported by their line managers, through daily huddles and regular team meetings. Clinical supervision and training opportunities have also continued to be available to staff. Staff informed us they felt supported by senior management and that there were good lines of communication. During the pandemic staff also had access to the psychology service for support if necessary.

However, we heard from several staff that they are experiencing tiredness and anxiety due to the long hours of work and tight timetables to deliver healthcare services.

Related sickness absence within the healthcare team has increased within the last month.

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

Action Point 17: HMP Glenochil and NHS Forth Valley staff must work together to ensure that the room used for prisoner admission assessment is clean, safe and fit-for-purpose and that the rooms in the halls where healthcare is delivered are effectively cleaned to ensure the safe delivery of healthcare.

Action Point 18: HMP Glenochil and NHS Forth Valley should work together to find a solution to improve capacity within the health centre to reduce patient waiting times for access to primary care services.

Action Point 19: HMP Glenochil and NHS Forth Valley must review the storage of in-possession medication in shared cells to ensure that these medications are appropriately and safely stored.

Action Point 20: HMP Glenochil should ensure that the Abercrombie room is refurbished as a priority to support safe administration of medication.

Action Point 21: the NHS Forth Valley clinical psychology team should endeavour to share approximate waiting times for access to clinical psychology for the prisons in Forth Valley. This should include information on waiting times for assessments and waiting times for commencing treatment.

Good Practice 4: a questionnaire was distributed to patients during the initial phase of the pandemic. This included questions on people's experience of care being provided by NHS Forth Valley and what could be improved.

Good Practice 5: the mental health team continued to accept referrals and assess patients identified as requiring support during the pandemic. All routine referrals are seen for triage assessment within seven days and urgent referrals are seen within 48 hours.

Good Practice 6: all patients on a Rule 41 were seen daily by nurses from the mental health team.

Good Practice 7: to support a sustainable workforce, work was undertaken with the University of Stirling to promote the role of prison healthcare nurses across NHS Forth Valley and provide opportunities for learning within the prison. One of the Band 5 mental health nurses qualified in September 2020 and had been a Band 4 student within HMP Glenochil since May 2020.

Conclusion

It is commendable that at the time of our visit HMP Glenochil was coping well with the significant challenges around COVID-19 transmission risks and had taken robust action to manage these risks. In general there was good awareness amongst both staff and prisoners about the processes and action needed to keep everyone safe. Communication with prisoners and with staff was also perceived positively by nearly everyone with whom we spoke. Staff absence rates were also reducing at the time of our visit, with the prison benefitting from effective absence management processes. It is commendable too that inspectors identified seven elements of good practice for sharing with other establishments (set out in Annex A).

However, a number of action points were also identified (also set out in Annex A). Of particular concern was the need for HMP Glenochil and Clackmannanshire Council to quickly resolve issues around the capacity of the PBSW team to ensure the team can fulfil its role with regard to timeous completion of assessments and reports. The SPS and HMP Glenochil similarly need to develop a coherent plan to maximise availability and delivery of offender management programmes and address the assessment backlog.

Although sympathising with the exceptional challenges in having to comply with COVID related restrictions, which unfortunately have only intensified since our visit in response to revised national guidance, we must nevertheless record our concern about the lack of employment and training opportunities available to prisoners. There was much to welcome about the work done by the Physical Training Instructors (PTIs), but we would wish to see fair access for all prisoner groups to the gymnasium. There are also a few action points in relation to those held on Rule 41 and Rule 95(1), notably the need for a safer place for staff to change into and out of PPE in Abercrombie Hall.

While commending NHS Forth Valley and HMP Glenochil on the good practice demonstrated by their teams, we urge them to work together to find solutions to improve capacity within the health centre and reduce patient waiting times for access to primary care services. A number of action points also refer to the need for joint action by HMP Glenochil and the NHS team, for example to ensure the cleanliness of key areas of the prison and the safe dispensing and storage of medication.

Finally, in paying tribute to the commitment and dedication of staff in all teams, and applauding the constructive working relationships between SPS and NHS teams, we must record that both NHS and SPS staff expressed concern about COVID-19 fatigue and the ongoing impact of trying to provide a good service in these extremely difficult times. We are acutely aware that there is no easy solution to this, and that their struggles will likely continue for some time, but we believe that giving greater priority in the vaccination programme to both SPS staff and prisoners may assist with managing these difficult challenges effectively.



List of Action Points

Action Point 1: HMP Glenochil should consider allowing prisoners to communally dine within the same household bubble to increase social contact and time out of cell, and to properly dispose of food waste.

Action Point 2: SPS HQ should include the nutritional value of meals on the national menus to assist prisoners to make healthier food choices.

Action Point 3: HMP Glenochil should reintroduce daily food packs to sustain prisoners overnight while the current core day regime exists.

Action Point 4: HMP Glenochil should identify an area in Abercrombie Hall that is appropriate for those staff dealing with prisoners managed under Rule 41(COVID-19) allowing for safe work practices.

Action Point 5: HMP Glenochil should ensure that information sheets should be readily available to explain to those under isolation of the procedures and processes.

Action Point 6: HMP Glenochil should ensure that if weekly narratives replace daily narratives in PR2 then this should be adhered to.

Action Point 7: HMP Glenochil should not hold prisoners under Rule 95(1) for longer than the prison rules state (a maximum of 72 hours). If a further period of removal from association is required then a request of an extension through a Rule 95(11) should be sought.

Action Point 8: whilst it was clear that HMP Glenochil are providing SRU prisoners with some entitlement to visits it is recommended that they review whether there could be some extension to this to ensure they have the same access to visits as other prisoners.

Action Point 9: HMP Glenochil should ensure that prisoners have access to PCFs without having to request them from staff.

Action Point 10: HMP Glenochil should take steps to ensure that waterproof jackets for all prisoners are readily available, when they wish to take exercise during wet weather.

Action Point 11: HMP Glenochil should ensure that there are sufficient employment and training opportunities available for all those prisoners eligible for work.

Action Point 12: HMP Glenochil should ensure all prisoner groups have fair and equitable access to the gymnasium.

Action Point 13: HMP Glenochil should explore more options for engaging with agencies such as virtual meetings when dealing with prisoners due for release.

Action Point 14 – HMP Glenochil should try to re-establish partnerships with welfare/benefit advice services who would be able to ensure prisoners are getting the advice they need prior to release.

Action Point 15: HMP Glenochil and Clackmannanshire Council should work together to ensure that the PBSW service can fulfil its role in providing timeous professional assessments and reports to properly inform defensible decisions about prisoners.

Action Point 16: SPS and HMP Glenochil need to develop a coherent plan to maximise availability and ensure the ongoing delivery of group programmes, this includes addressing the backlog on GPAs.

Action Point 17: HMP Glenochil and NHS Forth Valley staff must work together to ensure that the room used for prisoner admission assessment is clean, safe and fit-for-purpose and that the rooms in the halls where healthcare is delivered are effectively cleaned to ensure the safe delivery of healthcare.

Action Point 18: HMP Glenochil and NHS Forth Valley should work together to find a solution to improve capacity within the health centre to reduce patient waiting times for access to primary care services.

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Action Point 21: the NHS Forth Valley clinical psychology team should endeavour to share approximate waiting times for access to clinical psychology for the prisons in Forth Valley. This should include information on waiting times for assessments and waiting times for commencing treatment.

List of Good Practice

Good Practice 1: the use of a speech and language specialist during a TTM case conference to assist in the understanding for the individual and to support the decision making process.

Good Practice 2: with the restrictions on agency visits, the effort of a life skills officer and other staff to ensure that prisoners due for release are getting the support they need is commendable and will contribute to better outcomes for those leaving custody.

Good Practice 3: contact with family has been well managed and the partnership between the prison and key agencies has encouraged the development of novel approaches. This effort has helped to minimise the impact of pandemic imposed changes on families.

Good Practice 4: a questionnaire was distributed to patients during the initial phase of the pandemic. This included questions on people's experience of care being provided by NHS Forth Valley and what could be improved.

Good Practice 5: the mental health team continued to accept referrals and assess patients identified as requiring support during the pandemic. All routine referrals are seen for triage assessment within seven days and urgent referrals are seen within 48 hours.

Good Practice 6: all patients on a Rule 41 were seen daily by nurses from the mental health team.

Good Practice 7: to support a sustainable workforce, work was undertaken with the University of Stirling to promote the role of prison healthcare nurses across NHS Forth Valley and provide opportunities for learning within the prison. One of the Band 5 mental health nurses qualified in September 2020 and had been a Band 4 student within HMP Glenochil since May 2020.



Acronyms used in this Report

ACP	Anticipatory Care Plan
AGP	Aerosol Generating Procedures
ANP	Advanced Nurse Practitioner
BBV	Blood Borne Virus
BICS	British Institute of Cleaning Science
COVID-19	Coronavirus Disease 2019
CPT	The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
E&D	Equality and Diversity
ESOL	English for Speakers of Other Languages
FLM	First Line Manager
FFP3	Filtering face piece mask
GIC	Governor in Charge
GPA	Generic Programme Assessment
HIS	Healthcare Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HPS	Health Protection Scotland
HR	Human Resources
ICC	Internal Complaints Committee
ICM	Integrated Case Management
LV	Liaison Visit
MAPPA	Multi Agency Public Protection Arrangements
NHS	National Health Service
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
ORT	Opiate Replacement Therapy
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PBSW	Prison Based Social Work
PCMB	Programme Case Management Board
PCF	Prison Complaints Forms
PR2	Prison Records System
PIAC	Prisoner Information Action Committee
PPE	Personal Protective Equipment
PR2	Prison Records 2
PTI	Physical Training Instructor
RA	Risk Assessments
RMT	Risk Management Team
SSOW	Safe Systems of Work
SPSO	Scottish Public Service Ombudsman
SCQF	Scottish Credit and Qualifications Framework
SD	Social Distancing
SG	Scottish Government

SMT	Senior Management Team
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SPSO	Scottish Public Services Ombudsman
SRU	Separation and Reintegration Unit
SSOW	Safe Systems of Work
TTM	Talk to Me
UN	United Nations
VT	Vocational Training





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