



## **COVID-19 PANDEMIC EMERGENCY**

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

### **REPORT ON A LIAISON VISIT TO HMP GREENOCK**

**9-10 March 2021**

Inspecting and Monitoring  
<https://www.prisonsofscotland.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 [Liaison Visit Framework - Prison and Court Custody Units](#) published in February 2021.

## **Background Information**

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

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

## **Process**

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

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

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

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

## REPORT ON A LIAISON VISIT TO HMP GREENOCK

HMP Greenock, a local community facing prison, is one of the oldest establishments in Scotland, opening in 1910. Originally with only two residential units, the prison has expanded over time to include a National Top End and two Community Integration Units holding adult male and female offenders. One of the Community Integration Units is currently closed. The current design capacity of 263 is compromised by the poor fabric of the prison and holds instead on average 195 offenders.

The Inspectorate welcomed and commend many of the aspects of HMP Greenock's management of the pandemic, in particular the determination by SPS and NHS staff to robustly tackle infection control to prevent virus transmission, maximise time out of cell, ensure communication with prisoners about the pandemic was strong and family contacts were promoted.

The Human Rights Act 1998 sets out the fundamental rights and freedoms to which everyone in the UK is entitled. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000. The Act sets out the human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the ECHR and are commonly known as 'the Convention Rights':

- Article 2: Right to life
- Article 3: Freedom from torture and inhuman or degrading treatment
- Article 8: Respect for your private and family life, home and correspondence

The tension between Articles, 2, 3 and 8 in the current pandemic is fundamentally the difficulty of ensuring that transmission of the virus is minimised (Article 2) against the definition of ill treatment (Article 3), and the need to respect family life (Article 8).

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 Council of Europe in March 2020 clearly states:

"While it is legitimate and reasonable to suspend non-essential activities, the fundamental rights of detained persons during the pandemic must be fully respected. This includes in particular the right to maintain adequate personal hygiene (including access to hot water and soap) and the right of daily access to the open air (of at least one hour). Further, any restrictions on contact with the outside world, including visits, should be compensated for by increased access to alternative means of communication (such as telephone or Voice-over-Internet-Protocol communication.)"

It is greatly to the credit of the management and staff in HMP Greenock these human rights were complied with. We particularly welcomed the efforts made to identify prisoners with the potential for mental health issues and engaging isolated prisoners in communal activities. Similarly, it was good to see the efforts made to encourage constructive communication between prisoners and SPS HQ around the challenges and frustrations in securing progression.

HIS inspectors identified a range of good practice in healthcare, including the testing for COVID three days before a hospital admission and continued access to substance misuse and mental health services.

Despite these positives, there were serious concerns including the lack of Educational opportunities while the health centre was undergoing refurbishment.

HMIPS's main concern, however, relates to the ageing infrastructure and design of HMP Greenock and the unsuitable living and working environment created by the poor fabric of the building. Significant water ingress, numerous cells out of commission, and the state of some of the safer and annex cells indicates an urgent need to address the issue and provide a full replacement fit for the 21<sup>st</sup> Century penology. The benefits of HMP Greenock, including the good staff prisoner relationships and community links would be lost by simple closure even if the prison population were to reduce to manageable proportions. We would instead like to urge that a cost effective alternative solution is rapidly developed to replace HMP Greenock in the very near future as opposed to sinking further significant funds to enable HMP Greenock to limp along for another 10 years.

## COVID-19 commentary

In looking at the 15 quality indicators below we will take account of the following PANEL principles.

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

The regime for prisoners had been seriously affected since March 2020 by the restrictions imposed by the Scottish Government, Health Protection Scotland (HPS), and the guidelines set out in the SPS Pandemic Plan to ensure those that live and work in HMP Greenock were protected. However, HMP Greenock were still able to encourage participation around the regime, holding regular focus groups including Prison Information and Advisory Committees (PIACs) and catering forums.

The most recent lockdown had once again restricted family contact with the suspension of physical visits, however arrangements were in place to allow for visits on compassionate grounds. Where the prisoner has young children, HMIPS believe that a family visit should be an automatic entitlement unless there are over-riding security reasons to preclude that.

To mitigate the loss of face-to-face engagement it was pleasing to see virtual visits had continued, although uptake was low at around 40% which in the main involved a core group of prisoners. It was reported that the low uptake may be the result of the difficulties in using the technology with some members of their family being elderly or with Wi-Fi issues at home. The booking system also needs some development, but it was pleasing to hear that visits staff were working on guidance for prisoners to provide to their visitors to help with using the system.

There was no doubt that in-cell phones were of huge benefit in keeping in touch with family and friends. Prisoners appreciated being given 300 minutes free air time but hope that a system can be introduced to allow them to top up their phones in the near future. The Email a Prisoner Scheme had also seen a significant rise in its usage.

Participating in purposeful activity such as work and learning opportunities had reduced during the recent lockdown, but plans were in place to reintroduce work parties and education classes as risk assessments allowed, with the expectation that attendance will return in due course to pre-lockdown figures.

Risk Management Team (RMT) meetings had restarted in September 2020, although the practice of the prisoner attending at the end of the RMT meeting was stopped during the most recent lockdown. Prisoners we spoke to were satisfied with the process of receiving the results of the RMT within 24 hours of its conclusion. The suspension of Community placements and special escorted leaves (SELs) that allow prisoners to 'be tested' as part of their progression had a significant impact on those awaiting transfer to open conditions. Although SELs have been taken to local shops there were genuine fears that this type of test would not satisfy progression to the open estate. A meeting with prisoners affected by the lack of progression and SPS HQ took place with positive engagement that needs to be followed through. The Integrated Case Management (ICM) process had continued throughout the pandemic with an increase in the involvement of family in meetings through remote measures - another benefit of introducing Information Technology into prisons.

The Link Centre staff, although depleted in number, have continued to ensure that prisoners have plans for their release and acted as the conduit between prisoners and the services required to support them in the community.

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

It was apparent that the safety of those that live and work in HMP Greenock was a priority. A suite of COVID-19 Safe Systems of Work (SSOW) and Standard Operating Procedures (SOPs) had been developed and staff were able to evidence a good working knowledge of these processes. This approach was undoubtedly one of the factors why at the time of the visit there had been no outbreak or positive cases recorded. A local COVID-19 Response Group that included all stakeholders met regularly to ensure that the prison was adhering to national guidelines whilst monitoring the impact restrictions were having on those that live and work in the prison.

There was good evidence to suggest that Senior Management Team (SMT) were monitoring the human rights of those they cared for. An example of this was resetting the Think Twice policy in July 2020 as there were concerns it was poorly utilised and managed. Very early in the pandemic, the SMT were conscious of the risks to the mental health of those in their care from spending long periods locked up. With recreation being suspended, the SMT were committed to maximising social interaction in other ways. In-cell activities such as workout DVDs were provided as well as a number of out-of-cell activities such as hobby clubs. Other events particularly over the festive season were organised in the Link Centre such as movie sessions to lift morale. Self-help literature and activity packs have been widely available for all healthcare staff to distribute to prisoners on request, or where staff felt they might be of benefit.

The health centre were very aware of the issues around changes enforced due to the restrictions and so questionnaires were distributed to prisoners on what could be improved.

**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.

Although there was a disabled shower in every area which was able to accommodate a wheelchair, the number of accessible cells were limited within HMP Greenock. This was a concern for HMIPS, both for those in the main prison and those in the National Top End and the Community Integration Unit (CIU). Opportunities for progression may be hampered for those requiring additional support and that the need for more accessible cells seems likely to rise in future. Investment should be made in this area so that those with disabilities are not discriminated against due to their physical challenges.

It was pleasing to note that there were a number of documents translated in to the most common languages used within the prison, for example the menu.

Although access to religious practice had been affected significantly by the pandemic, weekly handouts were made available for personal worship and prayer.

Chaplaincy support for those from the Reformed Church had not been available for a considerable period, but agreement had been reached with the Prison Fellowship to provide support. The easing of restrictions enabled the Roman Catholic (RC) priest to resume on-site activities and provide one-to-one pastoral counselling to prisoners. At the time of the liaison visit (LV) there were no identified Muslim prisoners. If required, an Imam was available twice per month. For those that wished alternative support, a resident humanist was available.

By attending residential areas on a daily basis, nursing staff had good oversight of vulnerable prisoners and could promptly deal with emergent issues. It was also noted that SPS staff were proactive in alerting healthcare staff to concerns about a prisoner's health and wellbeing. Inspectors recognised that healthcare and SPS worked well together to deliver positive outcomes for those in their care.

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

As we have found elsewhere COVID-19 restrictions impacted on opportunities to promote empowerment. In HMP Greenock, however, enabling prisoners to involve themselves in the practices within the prison was clearly taken seriously. Excellent efforts were made to keep everyone informed and involved in the day-to-day running of the prison and allowing prisoners to have a voice. Easy read leaflets were distributed regarding healthcare and the changes brought about by the restrictions. Those who had previously shielded were given a letter with guidance about coronavirus and had weekly meetings with healthcare staff to discuss their care plan.

Prison complaints forms were easily accessible in residential areas. Prisoners spoken to, understood how to use the complaints process and were more comfortable using the process as they did not have to ask staff for a form. There was a slight increase in complaints from the previous year and on investigation it appears the increase surrounded common issues regarding mobile phones, progression, and access to their mail.

Information was readily available if prisoners wished to access the Scottish Public Services Ombudsman (SPSO) and the Independent Prison Monitors (IPMs). Accessibility to health referral forms was excellent and the process appeared robust with the forms being dealt with daily. Prisoners with non-urgent referrals were provided with an information leaflet and supporting documentation to assist their understanding until they could be seen.

The opportunity to engage was also apparent during a number of interviews where prisoners on Talk To Me (TTM), Rule 95, Rule 41(a), RMT and ICM reported that they had felt part of the decision making process. A new pilot scheme examining how the SPS manage those who self-harm was on going, but early indications were that those being managed under the pilot had appreciated an alternative strategy than being placed on TTM which they felt better suited to their needs.

An important part of successful reintegration is the engagement with prisoners prior to release. Good work was being carried out regarding release. Nevertheless some prisoners, notably those serving under four years, said that although they had been interviewed prior to their release they were not clear on their plan, in particular where they would be staying after release.

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

There is a tension between the restrictions required to keep those who the SPS care for safe against COVID-19 and upholding core human rights. In particular, those 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.

Although restrictions have caused a number of changes to the way of life for those imprisoned, HMP Greenock made considerable efforts to ensure that those they care for have access to all their entitlements. With good management and the co-operation of prisoners, the prison had not experienced an outbreak of COVID-19 and additional restrictions had not needed to be imposed. Time in the fresh air was available daily to all regardless of their situation, food was collected from the hotplate at the dining rooms, legal advice was available through virtual and physical appointments, and prison rules were readily available. Although physical visits were suspended due to national guidelines, there was ample opportunity to take a virtual visit. An increase in family involvement in ICMs remotely was noted with regards to a right to a family life (Article 8 ECHR). The prison rules that were tested during our visit were being complied with for example, the management of those under Rule 95 and 41(a).



## 1. COVID-19 commentary:

To understand any issues surrounding staffing and prisoners from the GIC or SPOC that includes numbers of prisoners being isolated and SPS staff absent numbers and their impact (some of this information will be supplied by SPS HQ on a daily basis). We will look to establish if staff understand their roles and what is expected of them. Are staff updated on any changes and knowledgeable of the present position of the establishment. How is the prison managing COVID-19 restraints (including physical distancing and the impact of the increase in prisoner contact and how groups e.g. households or bubbles are managed. We will look at preventative measures being enacted, such as screening on admission, quarantine and liberation. How are the prison managing their recovery plan.

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. **(Standard 8 – Organisational Effectiveness)**

### **Visit findings**

The GIC provided a comprehensive presentation on the challenges facing the prison, the action they had initiated in response, and their achievements.

At the time of our visit HMP Greenock had not had a single positive COVID-19 case among its prisoners a significant achievement considering the issues facing other establishments, and testament to the strong measures put in place to minimise the risks around transmission of the virus and the professional way these measures were implemented by staff. This was evident throughout our visit from our arrival onwards. The prison was taking great care to enforce two metre distancing and mask wearing by staff.

It was also clear that the prison was making every effort to manage round the additional challenges to infection control posed by the age, condition and deteriorating infrastructure of the building, but inspectors remained deeply concerned by the impact of the deteriorating fabric of the building (see sections (2) and (15) for further information). The need to temporarily relocate the healthcare team in the Education Centre, for example, was not clinically ideal for managing any COVID-19 outbreak as well as having a detrimental impact on learning opportunities for prisoners.

Processes were in place to isolate new admissions who might be showing COVID-19 symptoms, but only within the main halls, as there was no suitable alternative location to establish a separate isolation wing.

The Local COVID-19 Response Group had met regularly and the prison was closely following national guidance and route maps through the pandemic, with 97% compliance on the SPS Human Resources System (MYLO) in terms of staff training and awareness of restrictions.

On non-COVID-19 staff absences, HMP Greenock was slightly lower than the SPS average, but slightly above the SPS average (15.2 days) when COVID-19 related absences in HMP Greenock were included (17 days). The temporary move to a core day had been particularly difficult to implement in HMP Greenock, requiring complex and sensitive negotiations with trade unions. This had initially required the prison to operate with only a skeleton team at points near the start of first lockdown, severely limiting what could be provided for prisoners in those initial days, but reasonably swift improvements in the staffing situation and regime for prisoners had subsequently been achieved.

Staff and prisoners confirmed to inspectors that they felt communication around COVID-19 had been effective, and most staff were knowledgeable about roles and arrangements regarding COVID-19 prevention activity.

## 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

2. Basic living requirements: we will check if meals are of good quality, whether there is an appropriate choice, and that food hygiene standards and dietary needs of prisoners are adhered to. Confirm that supplies of clothing, bedding, facility maintenance and food is continuing.

3. Regimes: we will look to obtain detail of the daily regimes and the progress made against the SPS recovery plan. We will continue to look at the human right standards for every prisoner including those in isolation: access to showers where there is no in-cell shower facilities, access to time in the fresh air and access to communal phones. We will also monitor the amount of hours out of cell particularly for vulnerable populations. We will also check that there are sufficient accessible cell spaces for the population.

### Visit findings

Meals were observed being served by inspectors. There was a good choice on offer and the food was of a good quality. People working in the kitchen and serving meals wore the appropriate Personal Protective Equipment (PPE). The kitchen was very close to both serving areas, therefore ensuring the food was fresh and served at the required temperature. The menu rotated every three weeks and was reviewed three times per year. It was available in other languages and to meet prisoner's cultural/dietary needs. Extra milk was being provided to cover extended lock-up periods. The establishment's 'chippy' and 'Mexican' themed nights were popular with prisoners.

Communal dining was suspended although each hall was classed as a household and serving times were staggered to accommodate this. Prisoners attended the serving area and collected their meal in a polystyrene container then returned to their room to eat. There was an effective one way system in place and physical distancing was observed to be followed. Inspectors would like to see the Darroch prisoner's dining room being utilised as there is no risk of cross contamination between households. However, we recognise that it would need to be done in sittings and the cleaning required does not lend itself to the shortened core day.

Regular PIACs and food focus groups were taking place always attended by the Catering Manager. All prisoners attended the serving area which allowed the kitchen staff to obtain regular feedback on the food being provided. All kitchen staff were trained to an appropriate standard in food hygiene and physically distanced Royal Environmental Health Institute Scotland (REHIS) training had continued throughout the pandemic.

There was a sufficient supply of bedding and clothing. The laundry work party replaced damaged/old items and prisoners could also request replacement items via the hall staff. Warm clothing and work clothing was provided. There was a process in place to launder for those in isolation and the clothing of officers who were mobile throughout the establishment. Inspectors appreciated the initiative that gave prisoners an outdoor jacket on reception.

At the time of the visit all prisoners were located in single cells.

One-third of the cell furniture in the establishment had recently been replaced and Ailsa Hall had largely been repainted. HMP Greenock is the only establishment in Scotland where the in-cell toilets are not contained within cubicles. Being open to the room is a health and safety concern given that prisoners are currently eating in their cells. Inspectors would like to see privacy screens installed around the cell toilets in Ailsa and Darroch Hall, with the priority being given to Ailsa Hall as prisoners could be seen by staff looking through the observation hole on the door. The return to communal dining at the earliest opportunity is recommended to reduce prisoners eating in a toilet area.

The prison was built in 1907, with Chrisswell House being added in 1996 and the CIUs in 2015. There are significant issues with the fabric of the buildings and the establishment is in need of significant funding if the prison is to remain open. Huge water ingress was the main issue that had resulted in 40 cells being decommissioned on the west side of Ailsa Hall. There were also issues with the roof that had resulted in the Health Centre being temporarily relocated into the Education Centre when education staff were furloughed. Discussions took place during this time between the Education Manager and senior managers at HMP Greenock about a more blended approach to learning, but temporary use of the Education Centre added to the challenge of planning for the eventual return of education services.

The water ingress experienced in different areas of the building lead inspectors to be concerned about the health and safety impact on both staff and prisoners. Flat rooves in the establishment clearly need repaired or replaced. Inspectors were informed that SPS HQ had completed a conditional survey of the buildings structure, and it was hoped that this would identify the issues and suggest rectification options. A capital build business case had been lodged and while it is hoped this will result in significant funding being provided, HMIPS would also urge consideration of a more fundamental alternative solution.

It was encouraging to see that regime timetables were clearly displayed in every level of each residential area, and prisoners confirmed that staff worked hard to stick to the timetable. Some prisoners in Ailsa Hall, however, complained that evening Lock-up occurred earlier than when set out in the timetable, and staff confirmed

17:45 represented the target for locking the last cell in the residential area rather than an expectation that everyone would remain unlocked until then. Nevertheless although lock up began at around 17:15, inspectors observed prisoners being provided with opportunities to fill water bottles and complete cleaning and waste collection tasks as staff went round for evening lock-up. Given the lengthy lock-up staff offered prisoners toilet paper and tea packs.

None of the residential areas contained in-cell showers, but the regime provided reasonable opportunity for prisoners to use the communal showers as well as access to the hall phones, and there were no complaints to inspectors about access to showers, although this was sometimes only every second day.

Similarly, the regime for all residential areas allowed daily access to time in the fresh air and there were no complaints to inspectors about access or frequency.

The regime timetable did not provide for formal recreation, with no opportunity therefore to engage in pool, snooker, or darts, etc, with the prison focussed instead on maximising opportunities to access showers, phones and promote social interaction in other ways. Management indicated that they had looked at the possibility of introducing formal recreation, but had concluded this would have too big an impact on other aspects of the regime in the shorter core day.

It was difficult to determine the minimum amount of time out of cell for prisoners in Ailsa and Darroch Halls as this varied depending on individual circumstances and there were also differing perspectives between staff and prisoners on this issue. Staff indicated the minimum amount of time out of cell was approximately two and a half hours, but some prisoners suggested it was nearer to one and a half hours. It was much clearer in Chrisswell House. Living in the National Top End (NTE) they enjoyed extensive time out of cell from 08:00 onwards, albeit with some periods when outside access was restricted usually for numbers checks and meals.

There were few cells available to accommodate prisoners with mobility issues. There was one cell in Ailsa Hall which was previously the silent cell, and a further five had wide door access. Darroch Hall had only one cell with wider door access. Chrisswell House, the NTE, also had a cell with wider door access that was close to the disabled wet room. There was an accessible room in Arran House, the CIU, but the building was currently closed. There was a disabled shower in every area which was able to accommodate a wheelchair.

However, inspectors were concerned that prisoners with mobility issues may not be able to progress to Chrisswell House and might have to remain in closed conditions or be moved to a prison potentially further away from friends/family. This restriction on opportunities for progression to the NTE in HMP Greenock for any disabled prisoner requiring a fully accessible cell needs to be addressed as a priority. In addition, a review to identify the population that require accessible cells in HMP Greenock is necessary to determine the ongoing and future requirements.

**Action Point 1:** HMP Greenock should consider reopening Arran House to allow more male prisoners to progress to open conditions and also accommodate those with mobility issues.

**Action Point 2:** install privacy screens around the toilets in Ailsa and Darroch Halls.

**Action Point 3:** the Scottish Government to provide funding to address the issues with the fabric of the building and actively consider the provision of alternative accommodation.

**Action Point 4:** the lack of any accessible cells in Chrisswell House needs to be addressed as a priority. In addition, a review to identify the population that require accessible cells in HMP Greenock is necessary to determine the ongoing and future requirements.

## 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

4. Violence Reduction: we will check that there is an appropriate and ongoing process in place for people subject to Talk to Me (TTM) and those that self-harm. We will look at the trends and impact since COVID-19. We will also check that there is appropriate and ongoing process in place for those subject to the Think Twice policy (anti-bullying).

5. Rule 41 paperwork and those on Rule 40a: we will check that the revised process for people being detained under Rule 41 and Rule 40a due to COVID-19 are being adhered to. Looking at processes in place to ensure people are receiving the appropriate human rights entitlements, and that there is in-cell distraction activity available, such as a television, reading material, fitness advice and other support mechanisms.

### Visit findings

During the LV there were no prisoners on TTM and therefore no live cases were inspected. Staff were knowledgeable about the policy and were clear on what actions they were required to take to keep someone safe and supported. Inspectors spoke to prisoners who had been on TTM recently. They confirmed that although they had only been on TTM for a short period they had been well treated and felt included in any decisions that were taken. The numbers were slightly down during the pandemic compared to previous year in the male population but slightly higher in the female side, although not enough to raise concerns within the inspection team. Staff had a good understanding of the TTM process which reflected HMP Greenock training statistics where they have almost 100% compliance.

The inspection team visited two designated 'safer cells' which were clean and ready for use, one cell being recently renovated due to damage caused by an occupant. Although these cells were rarely used and only as a last resort based on risk, they looked austere with the mattresses resting on cement plinths. There was no access to any media, that is built-in TV or radio, and no privacy screens to protect the person's dignity when using the toilet. The fixtures and fixings although better than some safer cells recently observed they could not be classed as anti-ligature. Investment should be sought to refurbish these cells to allow those kept in these cells to be held in a safe environment and conducive to improving the person's well-being.

Part of the TTM policy is the collaboration with the Listener Scheme supported by the Samaritans. During the pandemic it was reported that it had been difficult for the

scheme to work effectively due to listeners keeping within their 'household bubbles' and not able to mix freely within the larger prison population. However, the introduction of mobile phones were beneficial in allowing access to the Samaritans in times of crisis, with 15 calls being made to the Samaritans since October 2020. HMIPS commends the introduction of mobile phones which has allowed greater access to the Samaritans, however HMIPS would urge SPS to include other Freephone numbers on mobile phones to reflect those found on the prisoner PIN phones system which would also benefit the user.

There is some recognition from both those that self-harm and healthcare professionals, that people who self-harm do not always intend to take their life and use this type of behaviour as a coping mechanism and should not automatically be managed under TTM. Four prisons have been asked to pilot a new approach to managing those that self-harm led by the Health Team at SPS HQ. Although self-harm at HMP Greenock is not reported as high, with 16 incidents since March 2020, two prisoners had been identified that could benefit from being managed under a self-harm policy rather than TTM. Early indications are that the policy is straight forward and user feedback suggests that they 'appreciate that they are not on Talk to Me' and are happy with the way the self-harm process supports them. HMIPS will be interested in the outcomes of the pilot and the strategy that may come from this.

Looking at incidences of violence and bullying, HMP Greenock had reported that there had been 24 reported incidents of violence since April 2020 which was lower than the same reporting periods in previous years. Although the reduction in violence is encouraging, analysis suggests that in most cases acts of violence are opportunistic, based on issues relating to outside matters and therefore in the current restrictions prisoners have had less opportunity to engage in violent acts. The SMT were aware in 2020 that the Think Twice policy was being under-used and a system of informal management of allegations of bullying was inhibiting accurate recording and preventing a clear picture. Subsequently, the SMT introduced local training, focusing on promoting Think Twice for First Line Managers (FLMs) and staff. To date approximately 30% of staff have been through the awareness training with the documentation accessible on the local SharePoint site. Compliance with the policy is carried out by the local Tactical Tasking and Co-ordination Group and reported to the GIC at regular meetings. Part of the policy is that the Intelligence Management Unit send out requests for Suspected Bullying Reports (SBRs) to FLMs when bullying is reported, resulting in a more formal reporting process. Since the introduction of this process in October 2020, on average one SBR has been submitted per month suggesting low levels of bullying are occurring. To date there has been no requirement for immediate action on any SBR. HMP Greenock SMT will continue to monitor this situation on a monthly basis.

HMP Greenock is one of two prisons where they have not had to deal with a positive COVID-19 case. This has resulted in a reduced number of prisoners experiencing Rule 41(a) isolation. Only 23 prisoners have been placed on Rule 41(a) as a precaution, since March 2020, with the highest recorded numbers in January and February 2021 of five in each month. It should also be noted that HMP Greenock has not applied Rule 40(a) at any time and therefore COVID-19 has not had the



same detrimental impact on the running of the prison that HMIPS has seen elsewhere.

Although HMP Greenock does not have an area identified for those potentially having COVID-19, all those suspected are kept isolated in a single cell and where possible on the ground floor.

Looking to minimise the spread of COVID-19 and ensure a consistent approach, the GIC made the decision to ask for volunteers at the beginning of the pandemic to form a team that would only be responsible for managing those under Rule 41(a). A team of three staff were rostered on a daily basis to ensure those isolated had consistent access to their basic needs. As the prison settled down to managing potential cases and numbers remained low, staffing was reduced to two with contingencies to increase the number of staff if required. It was identified that the team were to be based in one of the CIUs, away from the main residential areas and had access to changing areas, showers and a good stock of PPE.

There were robust SOPs to ensure staff understanding of the requirement to manage suspected or positive COVID-19 prisoners from reception to the residential units. There were good donning and doffing of PPE processes in place. Staff attend those managed under Rule 41(a) with PPE and remove the PPE prior to returning to their base. All PPE was bagged and disposed of appropriately. Staff had the option to leave their uniform at the prison at the end of their shift and have it washed to minimise any possible transmission of the virus.

Inspectors were informed of the regime for those that would be managed under Rule 41(a). The lack of positive cases meant that the regime design had not been tested over an extended period, but it appeared comprehensive and offered the basic human rights entitlements of a shower, access to fresh air, and contact by phone.

Although there was no one on Rule 41(a) during the LV, inspectors spoke to prisoners who had confirmed that while managed under COVID-19 restrictions they had been treated well.

**Action Point 5:** SPS should provide HMP Greenock with sufficient funding to upgrade the safer cells to make them anti-ligature and more conducive to a caring environment.

**Action Point 6:** SPS should ensure that other Freephone numbers should be allocated to the mobile phone system that reflects the access users would get using the prison PIN phones.

## **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**

6. Rule 95 paperwork: we will look to visit the Separation and Reintegration Unit (SRU) as the place most likely to hold those managed under Rule 95. We will check that those under this Rule are treated lawfully and with humanity, and there is a sufficient regime in place and procedural processes and human rights entitlements are adhered to.

### **Visit findings**

HMP Greenock does not have a traditional SRU and instead utilises an area called the annex for those male prisoner managed under Rule 95(1). Female prisoners are held within their residential area until transfer, if required. The annex is not overly used and prisoners are rarely held for the maximum of 72 hours. Where it is indicated that the person requires an extension to a Rule 95(1) they will be transferred to an establishment which has an SRU. Although during the LV, the annex cells were unoccupied, 82 prisoners had been managed under Rule 95(1) since April 2020. Of the 82 prisoners, only 20 of them had been managed in the annex, the rest were looked after in the residential area.

Inspectors visited the area which had four cells, two of which were currently being used for storage. The cells were of a reasonable size, clear of graffiti and available for occupancy but looked austere. The beds were made up of solid plinths for beds with a mattress, they had metal toilets with no seats and there was no screen or wall to protect a person's privacy. The area had a shower and a designated area to take fresh air. Access to a PIN phone was taken in the residential area only after the area was free from other prisoners.

It is the view of HMIPS that the area was not fit-for-purpose even for a short period of time and if it is intended for use in the future then some immediate upgrading is required.

**Action Point 7:** that the SPS release funds urgently to refurbish the annex cells so that they are suitable to hold prisoners even for a short period of time.

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**

7. Access to families contact: we will look at the SPS recovery planning and confirm the access prisoners have to keep in contact with friends and family. Monitoring the implementation and impact of agreed actions such as the availability and take up of virtual and face to face visits, the provision of access to and use of in cell telephony, and incoming and outgoing mail including email. We will also monitor attitudes and progress towards the introduction of tablets or in cell technology.

8. Access to recreation: we will check what type of social interaction takes place, that recreation is being run within the current regime, the amount of time and access by different cohorts and those with protected characteristics.

9. 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 and that copies of the prison rules are readily available throughout the prison.

10. Access to information: we will look at the access to books and CDs and other information, for example the complaints system, access to Independent Prison Monitors (IPMs) and the Freephone and Scottish Public Services Ombudsman (SPSO). We will also check the PANEL principle of participation and empowerment and confirm that Prison Information and Action Committee (PIACS) are regularly taking place and demonstrate progress.

### **Visit findings**

Physical visits were suspended at the time of the visit. However, they could be allowed on an exceptional basis using the 'reasonable excuse' criteria, where requests were considered on a case-by-case basis from residents. The HMIPS view is that family visits should automatically take place. Prisoners reported that access to face-to-face visits was good when it was up and running.

## **HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment**

Both physical and virtual visits took place in the visit room. The process for bringing visitors into the establishment was that they were admitted to the establishment on a staggered basis and briefed on the how the visit would work. The visit area had been set up to meet Scottish Government COVID-19 guidelines. The seating areas were adequately spaced out and additional cleaning had been introduced.

Three stations were set up in the visits room for virtual visits. There were three sessions of 30 minutes Monday to Friday and two at weekends, allowing for 61 visits each week and equity of access across the halls. Prisoners were permitted up to four visits per month and extra in special circumstances. Uptake was low but had been steadily rising and was currently sitting at around 40%. Inspectors were told that it was the same core group of prisoners using it. Prisoners spoken to throughout the visit were aware of it, and the main reason given for not making use of it was that their family were elderly and could not manage the technology. As with other LVs inspectors heard that the booking system needs improved. Currently there is no facility for visitors to request a date and time and if the slot offered does not suit them there is no facility for direct contact between the visitor and the prison. Also officers can only book a visit up to 72 hours in advance. Some prisoners reported IT issues but they appeared to have been caused by visitor Wi-Fi issues. Visits staff were working on guidance for prisoners to provide to their visitors.

Prisoners had been provided with mobile phones and those spoken to were pleased to be able to contact family and friends more readily and in a confidential setting. However, consistent with other LVs prisoners would like the opportunity to top-up their mobile phones. There was sufficient access to the hall phones.

The Email a Prisoner Scheme was available and there had been a significant rise in its usage. Prisoners spoken to were aware of it and how to access it, and said it worked well.

It was reported that access has continued to be facilitated for agents and legal visits throughout the pandemic. The area facilitates both physical and virtual appointments as well as operating a virtual court. Capacity appears to meet the needs of the prison population with no issues identified around shortage of visit space for legal representatives. Capacity was set at eight, 30 minute sessions per day with any physical visits taking place in the closed visit area. The area was also utilised for visits by Psychiatrists and Doctors. Less essential contact could be facilitated within the Link Centre, for example meetings with external social work. At the time of the visit the bookings were full but this was not always the case. Physical visits were still the most frequent with approximately 640 since April 2020 against approximately 375 virtual visits over the same period.

There was capacity for virtual courts but it appeared to be under-used with only two virtual courts taking place per week against a capacity for four per day. The legal booking system was straight forward and easy to access with those wishing to book using a phone system which was then managed effectively by the staff. On visiting the residential areas, inspectors confirmed that prisoners had access to a

hard copy of the prison rules, which were also accessible to staff on SharePoint to print off and place in the library. Other legal documents could be sourced on request.

HMP Greenock made good use of the noticeboards throughout the prison. They were up-to-date and contained a quantity of helpful information for prisoners. The SPS and SPSO complaints processes, and the IPM process, were displayed and prisoners spoken to understood how to use the complaints and IPM request process.

There had been a slight rise in complaints compared to the previous year, mostly relating to delays in adding prisoner's telephone numbers to mobile phones and prisoners not receiving some mail due to possible illegal concealments identified following a Rapiscan being installed. However there were no concerns reported to inspectors during the visit. HMIPS were pleased to hear that some prisoners spoken to reported that staff were really good at resolving issues which reduced the need to raise a formal complaint.

The establishment had made use of the dining halls to deliver face-to-face communications to every prisoner. An increased number of PIACs and different themed focus groups had taken place throughout the prison and prisoners were informed of the outcome of these and other updates in the bi-weekly prisoner communication.

Books and DVDs were available on all of the halls and prisoners could make a request to visit the library via the hall staff.

As indicated in section 3 (Regimes) the timetable did not allow access to formal recreation, so at the time of our visit there were no opportunities to access pool, snooker, darts, etc. Although inspectors did not receive any complaints from prisoners about the lack of any formal recreation periods it was a concern to HMIPS. HMP Greenock's management team were conscious of the risks to mental health from too much time in cell and committed to running a regime that still provided opportunities for social interaction and were focussed on maximising social interaction in other ways.

The prison had provided puzzles, colouring books, and distraction packs during the first lockdown, with knitting, sewing and embroidery hobbies also supported for the women in Darroch Hall. The Knitting Bee initiative was in its infancy, but showing promise in providing further time out of cell and helping to support mental health and wellbeing.

Over the Festive period, workout DVDs has been shown in Ailsa Hall with quizzes and bonus ball games also run there. HMIPS commended the provision of in-cell exercise mats.

It was pleasing to hear that in the run-up to Christmas a number of events had been organised in the Link Centre in an attempt to increase opportunities for time out of cell during the period of reduced restriction. Approximately 80 prisoners (five per session to adhere to social distancing policy) from all residential areas were escorted to the Link Centre/life skills area for Christmas movie sessions, baking, and arts and crafts. The prison had encouraged those who did not have much family

contact and time out of their cell to attend these events to help lift their moods over COVID-19/Christmas period, and accepted other referrals from residential staff. HMIPS welcome this initiative.

**Good Practice 1:** we commend HMP Greenock on their efforts to identify prisoners without much family contact and time out of cell and encourage them to access communal recreational opportunities over the Christmas period.

**Action Point 8:** SPS HQ to look to make improvements to the virtual visit booking system.

## HMIPS Standard 6 - Purposeful Activity

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

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

### COVID-19 commentary

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

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

### Visit findings

When the first lockdown was introduced, all work parties were put on hold except those essential to the operation of the prison. These key work parties have continued throughout all phases of the COVID-19 restrictions. There are 42 prisoners employed as pass people and a further 47 prisoners employed in work parties for laundry, catering, environmental/gardens, industrial cleaners and pantry. This represents 47% of the total number of prisoners that are eligible for employment. Hairdressing reopened in July 2020 and some external work placements recommenced. The Bike Shed reopened in October 2020 and VT Painters in November 2020.

Short courses are being delivered in the new Life Skills training area, which opened in January 2021. These facilities are to a high standard and provide training in essential life skills such as manual handling, personal hygiene, cookery and money management. All vocational training has been suspended with the exception of the REHIS elementary food hygiene.

Wherever possible, prison managers have endeavoured to maintain opportunities for prisoners to stay active by using a risk-based approach. For example, two prisoners

suffering from the psychological effects of being unable to attend their normal work party are employed refurbishing external wooden benches in the prison grounds.

All non-essential work parties closed again in December 2020. The community work shed has been decommissioned, as the prison is reconfiguring some estate facilities. The work parties and training opportunities currently unavailable to prisoners are painters, bike shed, community work shed, hairdressers and work placements. This represents a reduction in available employment opportunities of 32%.

### **Access to Education**

Prior to the COVID-19 pandemic, the Education Centre offered learning opportunities for 20 prisoners per session across all cohorts. When the first lockdown was introduced, all education staff were furloughed and classes ceased. The Education Centre facility was temporarily assigned to healthcare staff, as their accommodation had become unfit for purpose. Prisoners have been provided with in-cell activity packs and additional resources such as pens, pencils and wool. Special interest subject materials have also been distributed, such as Greek and Egyptian History, Geography and the Romans.

After the easing of restrictions in August 2020, learning opportunities were reduced to around 50% of previous levels due to social distancing requirements. From August to December 2020, classes resumed in Art, Communications, IT, Numeracy, Modern Studies and Guitar. During December 2020, attendance levels ranged from seven to 11 per class. Prisoners enjoyed these classes and are positive about their experience. In-cell learning packs for Modern Studies were distributed to 30 prisoners with 50% achieving an SQA level 3 qualification in Modern Studies.

From December 2020, all education staff were furloughed again and there are currently no structured learning opportunities available for prisoners. More recently, the Education Manager has been attending the prison on a part-time basis to support prisoners in the residential halls. There has been no formal review of the subject areas that prisoners would like to engage with, or feedback sought from the prison population about what learning activities they would prefer. There are missed opportunities to deliver learning to prisoners through the in-house TV channel.

For prisoners studying higher levels of qualifications, especially Open University, there is a need for more up-to-date software packages and access to a word processor to complete their assignments.

### **Access to Physical Education**

The physical education department offered a comprehensive timetable to all prison cohorts prior to the first lockdown. Qualifications were delivered for Gym Instructor level 2 and Sports Leader level 1. Additional activities were offered through Fit-Together sessions and Street League Soccer.

When the first lockdown was introduced, the gymnasium was closed. To provide some form of physical exercise, the prison supplied in-cell exercise mats for all prisoners and a hygiene kit containing items such as extra soap for use after



exercise. Physical Training Instructors (PTIs) developed a detailed and helpful set of in-cell workout routines for prisoners. DVDs of workouts, such as Insanity and T25, were made available to prisoners on the in-house TV channel.

When restrictions were eased, a reduced timetable of physical exercise was offered to all prison cohorts based on appropriate risk assessments. Prisoners were able to attend the gym in lower numbers. PTIs were proactive in supplementing these activities with bespoke workout regimes, spin classes, and outdoor circuit classes for prisoners in social bubbles.

In December 2020, the gymnasium and sports hall was forced to close again. Opportunities for physical exercise have now returned to the in-cell workouts and standard outdoor exercise times established during the first lockdown.

As we have seen in many other establishments Chaplaincy services had to be paused at the start of lockdown in 2020 to reduce the risk of transmission into the prison. Weekly handouts giving opportunities for personal worship and prayer were then provided by one of the Chaplains.

When national Scottish Government restrictions started to ease, RC Chaplains were able to resume on-site activities and provide one-to-one pastoral counselling to prisoners. At that time, however, the Reformed Church was not represented in the prison, so agreement was reached with the Prison Fellowship to provide two representatives to provide similar counselling support within the residential areas.

On 30 August RC services were able to resume for limited numbers on a rotational basis due to the need to respect physical distancing requirements. Bible group studies on a Sunday afternoon started up in October led by the Prison Fellowship, alternating each week between halls to ensure equality of access. The successful recruitment of a Chaplain for the Reformed Church in December 2020 was planned to allow a further resumption of communal services, but unfortunately at the time of our visit national Scottish Government restrictions were preventing further progress on that. Nevertheless plans were firmly in place to resume small group services for Easter if restrictions had eased by then, and the Reformed Church Chaplain was also planning to run an Alpha Course for anyone interested in discovering more about Christianity.

At the time of our visit there were no professed Muslim prisoners, but access to an Imam was available twice per month if required and there was also a resident humanist for anyone wanting their support.

The Chaplaincy team was available to offer support to any families dealing with a crisis, which was commendable, and with the assistance of the SPS had helped a prisoner participate in a funeral for a family member via video link. The RC Chaplain had also assisted with contacting the family after a death in custody in line with SPS protocols.

While all of the above indicates that good levels of support for religious worship were being provided by the Chaplaincy team, it was disappointing to that the team had not

been able to stream services into the different halls due to technical challenges or prepare material on DVDs for individual use, as we have seen in some other prisons. While still entirely functional, the Multi-Faith Centre was looking rather tired in appearance and would benefit from some further investment and refurbishment and action to ensure its use is maximised (for example while the Education Centre is unavailable for those wishing to learn).

**Action Point 9:** the education provider and prison managers should explore what practical measures can be introduced to ensure the recommencement of structured learning opportunities for prisoners and review the type of subject areas and learning opportunities that prisoners would wish to see.

**Action Point 10:** the Chaplaincy team should liaise with the SPS and other prison Chaplaincy teams on the scope to stream religious content or produce material on DVDs to improve the services available when access to communal services has to be restricted.

**Action Point 11:** the SPS should work with the Chaplaincy team to refurbish the Multi-Faith Centre and ensure its use is maximised.

**Good Practice 2:** the supply of exercise mats and hygiene packs for all prisoners during the first lockdown, along with the development of workout routines, was commendable.

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

Prisoners are prepared for their successful return to the community.

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

### COVID-19 commentary

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

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

### Visit findings

HMP Greenock restarted RMT meetings in September 2020 following the national suspension of all RMT process from March 2020. In line with social distancing and travel restrictions, attendance at the meeting was limited to a core group of professionals including Senior Social Worker, Psychology Manager, Lifer Liaison Manager, NTE Manager, Head of Residential, and the Interventions Manager. Other potential contributors have been asked to provide written submissions unless there was a specific concern or issue which required attendance for example, if there were particular health needs the health centre would attend. The attendance of community-based social work (CBSW) was done through conference call facilities and an unintended consequence of these arrangements has been the increased attendance of CBSW.

The normal practice of prisoner attendance at the end of the RMT meeting was stopped but providing feedback within 24 hours appears to have been working well. Prisoners have been satisfied with the communication within HMP Greenock.

Community placements providers were temporarily reduced to two. These have at least allowed some access to this testing but at the latest lockdown these have been

suspended. HMP Greenock will continue to develop Management Plans for progression looking at all the restrictions and considering the lack of community access and balancing this with risk. These plans will be discussed at the RMT.

HMP Greenock identified a key area of concern in their submission around the First Grant Temporary Release and access to the community. There is also some frustration about transfer to the Open Estate. The prisoners subject to these processes have consistently raised the issue of the time taken for the approval of progression paperwork and the lack of communication from SPS HQ. There have been related complaints to the establishment. HMP Greenock have made good efforts to listen to the prisoners and ensure they have an opportunity to raise their points directly to key individuals. However, from the data provided we could see that both the length of processing time and the number of outstanding cases has increased during the pandemic.

During our visit we observed a pre-arranged meeting with SPS HQ staff with responsibilities for progression. Prisoners were articulate and measured in their discussions and SPS staff were open and honest about the challenges but made a clear commitment to improve performance. Prisoners valued the opportunity to speak directly with key people and reflected positively on communication within HMP Greenock. There remained concerns about the communication from SPS HQ but accepted that there were plans developed in partnership with HMP Greenock to improve this.

We noted frustration from HMP Greenock staff and prisoners themselves about the current delays and some hopelessness about the prospects for improvement in the short-term. This was reflected in a perception that parole meetings were unlikely to support further progression where individuals had been unable to access the community. Since April 2020, 13 tribunals had been cancelled. Among prisoners we heard that there is good recognition of the impact of the pandemic on society but there is consternation that more could have been done to mitigate delays and test community access despite the restrictions.

Community access has been extremely limited and Special Escorted Leave (SEL) to home addresses have been suspended since March 2020. There has been the offer of SELs to local shops during the relaxing of restrictions and the establishment has also been looking at other opportunities to test community access during the restrictions for example, appointments with CBSW.

The ICM process has continued throughout the pandemic, although limited to pre-liberation meetings during the first lockdown. By October 2020 all meetings were going ahead. The service has seen an increase in the involvement of family in ICM meetings which they have attributed to the opportunity to join the meetings remotely, suggesting another positive unintended consequence of the restrictions imposed by the pandemic. Attending remotely is clearly less disruptive to family life and particularly attractive to avoid lengthy journeys.

The Link Centre staff, although depleted due to redeployment, have retained a focus on ensuring that prisoners have plans for their release and have continued to act as a key conduit between the individuals and services who will be there to support them

in the community. This was particularly important following the introduction of the Release of Prisoners (Coronavirus) (Scotland) Regulations 2020 where eight prisoners were approved for release.

Community-based agencies have not been attending the Link Centre during lockdowns. This was a busy centre previously with a strong presence of key agencies. The centre benefits from the knowledge centre staff have of the community-based agencies. Strong relationships have been developed with benefits, advice, and housing agencies. The SHINE and New Routes projects have a strong profile in the prison and they provide pre-liberation packs, given to all prisoners on release. This ensures they have the contact details they need and importantly advice on COVID-19 restrictions. We heard from staff and in our conversations with prisoners that there are differences across the country with regards to the supports available for prisoners returning to the community.

The ability of Link Centre staff to engage with individuals prior to release to help identify needs and promote engagement with external agencies is evident in examples we heard during the visit. This included the delivery of the 'life skills' course to small groups of individuals. As well as learning important practical skills for independent living it was providing individuals for an opportunity for social engagement with others. We also heard specific examples of practice which supports practical arrangements on release for example, staff walking an individual to the railway station when there were safety concerns and the provision of photographic ID.

In consultation with partner agencies, HMP Greenock developed a temporary system of engagement to ensure that they provided access to key services and put in place a system of appointments, telephone contacts and pre-release support packages. On the easing of the restrictions a minority of external agencies returned to face-to-face appointments. HMP Greenock provided advice on risk assessments, protocols, and physical alterations to the centre to ensure this was done safely.

As stated elsewhere, the ICM process has continued and attendance of CBSW has been a positive aspect of this during the pandemic. In their submission HMP Greenock noted that they have seen an increased request from prisoners for referral to community-based addictions services and housing authorities. HMP Greenock also noted an increase in calls from CBSW to prisoners over the last few months, although this appeared from a low level.

HMP Greenock told us that a Link Centre officer will identify individuals with planned liberations and invite them to the Link Centre six weeks prior to liberation as a pre-release check on their needs for returning to the wider community. From the small group of prisoners we spoke with due for release we saw that the pre-release planning offer was not being clearly articulated for short-term prisoners. Although two noted support from prison staff and regular contact with community-based staff which was helping them be clear about what would happen for them on release, none of them could remember being involved in making plans. Clarity about where they would be staying was an issue for most.

We noted that the local housing services we spoke with during the visit are working hard to ensure prisoners have suitable accommodation on release. In the context of increased demand during the pandemic they have achieved this although this was usually identified on the day of release. Whilst we did also hear that the numbers of prisoners leaving HMP Greenock to 'no fixed abode' was very low, the experience of the prisoners we spoke with was not in line with the spirit of the SHORE (Sustainable Housing on Release for Everyone) standards that prior to the release appropriate housing is available and individuals "feel confident, optimistic and motivated about returning to the community with a positive destination."

Prison based social work (PBSW) staff have continued to come to the prison during the pandemic and report good support from the prison and the local authority to do this safely and to work remotely where required. The one exception to this has been difficulties with accessing PR2, the SPS recording systems, remotely. This is clearly important for PBSW staff to have access to the information they need for fulfilling their responsibilities. PBSW staff are keen to ensure that recording systems and information sharing processes are fit-for-purpose.

We heard from the PBSW staff we spoke with that the approach of the employing local authority to meeting their responsibilities to the prison population is consistent with a coherent attempt to provide continuity for individuals through the 'community to custody pathway.' The PBSW service is viewed as an integral responsibility of justice social work provision within the local authority area. The view of the PBSW staff is that this will improve the offer to the prison and the individuals on their progression through the prison back to the community. One example where prisoners on release are benefiting from this co-ordinated approach is through the re-establishment of the voluntary throughcare offer from CBSW.

The impact of reduced community access, discussed elsewhere, includes the reduced opportunity to engage with community-based services prior to release. These can be valuable opportunities to establish relationships with key staff who can support individuals in the community, and this can contribute to desistance from future offending. Access to community-based work opportunities is similarly important and adversely affected by pandemic restrictions. We would encourage the establishment to further explore and build on the idea of using engagement with CBSW to test community access.

The importance of relationships with family in terms of throughcare and desistance from offending is fully understood by the establishment and well-articulated in the family strategy. Contact with family has been sustained and, in some ways, increased during the pandemic. All the prisoners we met with were satisfied with the level of contact they had with family, although none had really taken advantage of the virtual meeting facility. By removing the logistical challenge of visits, both in terms of care responsibilities and travel, the virtual visits have been especially important. They have also helped family involvement at ICM meetings.

**Good Practice 3:** during the pandemic, SPS HQ and HMP Greenock staff have worked together to ensure that prisoners can have their voice heard with regards to progression. The prisoners we heard from during the visit had been able to raise their concerns and have these concerns heard by key people. It

reflects well on SPS and HMP Greenock that they have viewed this engagement as essential, listened to these concerns, have been open and honest about the challenge (both from the pandemic and other drivers), and have committed to make improvements to address the prisoners' concerns.

**Good Practice 4:** during the pandemic, the PBSW service have continued to look at how they can improve the service they provide to HMP Greenock prisoners. The 'Linking Community to Custody Pathway' initiative was seen as an attempt to ensure better outcomes for prisoners throughout their justice journey. Developing an approach where the service can offer continuity to prisoners on release, including extension of the voluntary throughcare service, will always be important but this is accentuated in the context of reduced direct supports in the community due to the pandemic restrictions.

**Action Point 12:** HMP Greenock, in partnership with SPS HQ, should prioritise the embedding of communication systems which will ensure that prisoners can be kept informed about the progress of their individual applications for temporary release.

**Action Point 13:** SPS must continue to prioritise clearing the backlog of progression paperwork, identifying and addressing any inhibitors, to ensure that prisoners' rights are being respected.

**Action Point 14:** using the aspirational SHORE standards, including COVID-19 updates, as the basis for discussions, HMP Greenock should engage with local authorities to ensure that pre-release prisoners have more clarity about accommodation and housing prior to liberation so they can be "confident, optimistic, and motivated about returning to the community with a positive destination".

**Action Point 15:** The SPS and HMP Greenock should ensure that PBSW staff have the relevant access they need to SPS systems. This will properly support home working and ensure that access to systems is an enabler rather than an inhibitor to meeting their statutory responsibilities. It will also support their commitment to continuous improvement of the service.

## **HMIPS Standard 9 – Health and Wellbeing**

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

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

### **COVID-19 commentary**

15. Healthcare issues: we will check that there is a daily assessment on wellbeing in a way that maintains the health and safety of all parties, and that there are measures in place to ensure healthcare continues to be managed under the principle of equivalence. Checking processes are in place to support people with pre-existing health conditions and that access to vital healthcare is available to all cohorts. We will gain an understanding of the mental health challenges.

### **Visit findings**

This section sets out the findings from the Healthcare Improvement Scotland (HIS) LV to HMP Greenock on 9 March 2021. 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 LV**

HIS asked healthcare staff at HMP Greenock to complete a pro forma regarding healthcare provision during the pandemic and held a teleconference with them in advance of the LV to discuss healthcare delivery. Inspectors then developed key lines of enquiry for the visit. Two inspectors attended the prison on the site visit and spoke with members of staff and viewed the care environment. 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 LV.

### **Healthcare environment context**

HMP Greenock is one of oldest prisons in Scotland. There have been historic problems with water ingress due to the building having a predominantly flat roof which is not watertight. In early February 2021, HMP Greenock suffered significant water ingress which damaged equipment and the environment making it unfit and unsafe to deliver healthcare. The health centre was relocated temporarily to the education suite classrooms to allow for emergency roof repairs and refurbishment. We were informed that the relocation was a collaborative effort between healthcare staff, estates and SPS, pharmacy and IT.



The education suite is a non-clinical setting with limited space and contingency arrangements had to be put in place. A review was undertaken, taking into account requirements for social distancing, which resulted in primary care services taking sole use of the education suite while mental health and addiction services were relocated to the prison's Link Centre.

The healthcare team sought advice from the infection control team regarding the relocation of the health centre and the need to maintain a service due to emergency conditions. Temporary hand wash facilities have recently been installed and a standard operating procedure is in place to support the cleaning and maintenance of these. The health centre has been operating in the education suite for three weeks.

The education suite is partly used for storage and contains items belonging to SPS. This has resulted in a cluttered environment with potential trip hazards and reduced access to enable effective cleaning. The fabric of the building is intact however the walls and surfaces are paint splashed, and the flooring has peeling tape markings which are collecting dirt and residue, making it difficult to clean. **This is a concern. (Action Point 16)**

The Education Centre is operating a healthcare service which can only support one patient at a time due to lack of space and no waiting area. We saw the impact of this on planned care during our visit when unscheduled events took place requiring patients to be seen more urgently. This is not sustainable and will impact on patients accessing care and will lead to an increase in waiting times.

The healthcare team had been provided with a deadline date of 28 March 2021 for return to the health centre. This deadline is required to be met as the temporary environment is not sustainable. The loss of the health centre accommodation has been included on the risk register. Immediately following our visit, inclement weather resulted in further significant leaks in to the health centre resulting in the centre remaining unfit and unsafe for use, with no possibility of staff relocating back to deliver healthcare on the date anticipated. Furthermore, we have been made aware that one room within the temporary education suite has water ingress in ceiling tiles in the GP room. **This is a significant concern. (Action Point 17)**

During the inspection feedback session, our concerns were shared by the senior healthcare management team. Inspectors have escalated concerns regarding the unsustainability of the education suite for continued provision of healthcare and the impact on waiting times, patient care and staff to the NHS board, Glasgow City Health and Social Care Partnership (GCHSCP), SPS and the Scottish Government. Dentistry and sexual health and screening services are particularly affected as these have been temporarily suspended due to the environment in the Education Centre being unsuitable.

### **Access to Care**

Reception procedures were introduced to assess all new arrivals into the prison in line with national COVID-19 guidance. All patients are screened for COVID-19 symptoms using a national tool. Several nursing staff had completed online training in coronavirus testing and a track and trace system was in place.

HMP Greenock benefits from single cell accommodation in all the residential halls. Patients with symptoms of COVID-19 are isolated in their own cell and healthcare is provided at the cell door by staff who wear suitable PPE. A SOP is in place for patients in isolation. SPS staff are made aware of patients who require to isolate so that they know to wear PPE during any interactions.

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. Patients who were previously shielding were given a letter with guidance about coronavirus and had weekly meetings with healthcare staff to discuss their care plan. A questionnaire was also distributed to patients during the pandemic which included questions on people's experience of care being provided by NHS Greater Glasgow and Clyde and what could be improved. **This is good practice.** The survey results revealed that the majority of prisoners were satisfied with the response to COVID-19.

NHS Greater Glasgow and Clyde is working with colleagues in Public Health to implement the vaccination programme for the prison population. An in-house vaccination programme has begun and the team has identified priority groups in line with national guidance. It is envisaged that the vaccination roll-out programme will be broadly equitable with the community timelines. At the time of the visit, COVID-19 vaccines had been provided to all patients over 80 years of age and plans were in place to vaccinate all patients between 60-70 years of age.

Prison healthcare staff are encouraged to take COVID-19 vaccination. At the time of the visit, the majority of the staff had received their first vaccine with a small number having received both doses of the vaccine. A number of healthcare staff are undertaking lateral flow testing (a rapid test for COVID-19 that does not require laboratory equipment). The twice-weekly testing is optional for staff.

### Primary care

There was no change to the healthcare self-referral process for patients during the pandemic. Referral forms are available in the halls and are triaged by nursing staff on a daily basis. For non-urgent referrals, patients were provided with a patient information leaflet and supporting documentation. Following triage, the primary care team discusses referrals with a GP and if appropriate patients will be reviewed by a GP. GPs are onsite three days a week and are available via telehealth for a further three days. Nurse-led clinics continued to manage patients requiring wound dressings and venepuncture and for reviewing patients requiring treatment following triage. There has been no change to the out-of-hours service. At the time of the visit, there was no waiting time for GP appointments or primary care services.

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.

Patients with long-term conditions continued to be identified on admission and referred to a link nurse. Long-term condition clinics also continue with the link nurses. Individual care plans were in place and updated when required. Some patients, such as those with diabetes or tissue viability, were jointly managed with colleagues in secondary care, while other patients are managed by the GP and primary care team. Anticipatory Care Plans are completed with patients and the primary care team. All patients with diabetes have been reviewed regularly during the pandemic.

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. Both SPS and healthcare staff indicated that any patients causing any concern will be reviewed. It was evident during our visit that both healthcare and SPS work in partnership to deliver positive outcomes for patients. **This is good practice.**

Primary care staff deliver supervised medication in the morning and late afternoon/early evening. There are also a limited number of lunchtime medication dispensing in all three residential areas.

External services such as dental, podiatry, and ophthalmology services were paused during the initial outbreak, apart from emergencies, in line with the community provision. Patients requiring urgent ophthalmology treatment were referred to secondary care and ophthalmology services recommenced in August 2020.

On-site routine dental services recommenced in December 2020 until early February 2021 when the service was suspended due to relocation to the education suite. A dentist is available for advice through Attend Anywhere (a secure NHS video call service for patients) and emergency treatment is provided by the NHS board's community emergency dental team. Primary care staff continue to assess all patients reporting dental issues that same day and will arrange necessary prescriptions of medications. A podiatrist attends for emergency consultations and while routine podiatry clinics have not recommenced, the podiatrist attends frequently to assess and treat patients referred by the GP or nurse.

Referrals to secondary services continued with access to secondary care appointments via video link, Attend Anywhere, telephone consultation, and attendance at appointments. It has recently been agreed to commence COVID-19 testing three days prior to patients attending hospital for surgery and some outpatient appointments. **This is good practice.** All patients requiring emergency care are taken to a local hospital by ambulance and non-emergency cases are normally escorted to hospital by SPS or GEOAmev staff. In February 2021, a new SOP for contacting emergency and non-emergency ambulances was introduced, in collaboration with the Scottish Ambulance Service.

Access to social care continued during the pandemic. HMP Greenock was part of a pilot project to evaluate the provision of in-house social care provision. A

report has been compiled from the pilot and sent to Scottish Government for its consideration. Anticipatory care planning remained in place for palliative care patients.

### Mental Health

During the pandemic, the mental health staff team continued to accept referrals and undertake routine appointments and review clinics. **This is good practice.** TTM case conferences and risk management also continued. Weekly allocations meetings are held involving mental health, addiction and psychology services.

Access to psychology therapies was paused during the first lockdown as psychology staff were redeployed to other parts of the NHS. However, the psychology department provided self-help literature for patients, and psychology services were available via an on-call rota to discuss urgent cases. Referrals to the psychology services continued during this time and the mental health nurse team reviewed patients on the waiting list. Psychological therapies recommenced during the second phase of COVID-19 restrictions.

Self-help literature and activity packs have been widely available for all healthcare staff to distribute to patients on request, or where staff feel they might be of benefit.

The psychiatrist continued to assess emergency referrals and psychiatrist clinics are taking place using Attend Anywhere and where necessary face-to-face with appropriate PPE.

At the time of the visit, there were no patients on the waiting list for the mental health team. Urgent appointments continued to be assessed within five days and emergency appointments within 24 hours (Monday to Friday). There was no change to the existing plans for patients to be transferred from prison to a mental health unit where required.

### Substance Misuse

Substance misuse assessments and harm reduction advice continued during the pandemic. **This is good practice.**

At the time of the visit, there was no waiting list for patients accessing the substance misuse service. Referrals are triaged daily and all patient referrals are seen within one week. A GP with an enhanced knowledge of addictions holds an addiction clinic every eight weeks which is designed to support patients with complex needs.

There has been no change to the process for administering Opiate Replacement Therapy (ORT) and all patients receiving ORT are assessed by an addiction nurse following admission. The high dose ORT and psychotropic medication monitoring clinic has now been resumed. A shared care plan is in place for all patients on ORT.

All patients referred to the substance misuse team are seen within one week and are provided with training on the use of Naloxone (a drug used to reverse the effects of an opiate overdose).

All patients are given their ORT on the day prior to liberation. Naloxone training is also offered to all patients on ORT prior to release. Naloxone kits are also placed alongside patients' belongings. A nasal spray alternative to Naloxone in injection form is being introduced into the prison by the addictions team. Prison-based addiction staff remain in contact with community service providers. All patients have appointments with their community providers within 24 hours of liberation. The addictions service has continued to meet the national waiting time target of 21 days.

HMP Greenock is following the NHS board guidance on moving to the new drug 'Buvidal' in the longer-term, in response to recent national guidance for ORT. The healthcare team continues to prescribe and support patients coming into the prison who are already using this treatment.

Blood Borne Virus (BBV) testing is offered to all individuals on admission. A weekly in-reach BBV service is provided by the Dunbartonshire addiction services. Patients have continued to be commenced on antiretroviral therapy.

Sandyford sexual health clinics were temporarily suspended during the pandemic, but monthly clinics recommenced in October 2020. Patients continued to receive advice and support from two nurses who have undertaken additional sexual health training. The nurses are trained to carry out smear tests and to remove or insert contraceptive devices. In agreement with SPS, any patient who has a positive pregnancy test will be transferred to HMP YOI Cornton Vale which has a well-established antenatal service.

When the health centre recently relocated to the education suite, a decision was taken to temporarily suspend the sexual health clinic as the education suite was not deemed suitable to safeguard patient privacy. Staff assess if a patient requires to be referred to external Sandyford sexual health services. The healthcare team are aiming for the in-reach service to recommence shortly after the team move back to the original health centre.

## **Infection Control/Health Centre Environment**

We observed the process in place on entering the prison and saw infection prevention and control measures, including alcohol-based hand sanitisers, masks and clinical waste bins for disposal of PPE. SPS staff were limiting the amount of people allowed in at a time in order to comply with social distancing. **This is good practice.** Cleaning products were available at the point staff collect keys and people are asked to clean their keys with the provided materials on collection and return. **This is good practice.**

We visited the area where healthcare was delivered. Staff cleaned surfaces and equipment between each patient and regularly cleaned frequently touched surfaces.

Hard surface wipes are used for flat surfaces and are readily available. A chlorine-releasing detergent and disinfectant is used in the adapted clinical areas in line with NHS Greater Glasgow and Clyde infection control guidelines. NHS staff complete a daily and weekly cleaning schedule of the treatment room and the GP consulting room. The current location of the health centre in the education suite is temporary and the suite was previously used as an education facility. There are paint splashes on walls and a lot of art materials, resulting in a cluttered environment that is difficult to effectively clean. Long-term use of this area to deliver clinical care is not sustainable and presents infection control risks.

During our visit we were shown rooms used for supplying medication in the residential halls. We were assured that no patient care takes place in this area. However, staff described how there had been significant water ingress in one such area which is no longer in use as it is not fit-for-purpose. On the visit we did not see any visible signs of water ingress in the alternative dispensing areas, but staff reported that water had previously leaked in one of these areas. This same area which is used for dispensing medication and checking patient observations had damaged work surfaces and exposed wood which meant it cannot be effectively cleaned. **(Action Point 18).**

SPS is responsible for the cleaning of the environment and commissions Passmen to carry out cleaning twice a day. We were told during our visit that a commitment has been made to train Passmen in the use of chlorine-releasing products and these will be used for environmental cleaning where healthcare is currently being delivered. This is in line with national guidance. Any deviation from this guidance must be risk assessed and documented within the pandemic response plans.

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 both rooms currently used to deliver healthcare.

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 area where healthcare is being delivered as required by physical distancing requirements. All staff have access to and received training on the use of PPE.

### **Governance, Leadership and Staffing**

The prison healthcare team is part of GCHSCP which falls within the remit of the Integrated Joint Board. Escalation and governance processes have been maintained during the pandemic. The Head of Service for prison healthcare attends regular Adult Services Heads of Service COVID-19 meetings which feed into the daily GCHSCP Executive Group COVID-19 meetings. A range of communications exist with the NHS board and GCHSCP to discuss workforce and clinical demand, and the allocation of resources.

There is a clear reporting and governance structure with NHS Greater Glasgow and Clyde with effective accountability. Reviews of reduced services and reintroduction of services are being conducted through recovery plans and joint planning with SPS. Risks were identified and recorded on the corporate risk register including the building issues and cleaning issues.

Safe staffing levels within the healthcare team were maintained and recruitment continued throughout the pandemic using video conference facilities. At the time of the visit, the team was operating at normal staffing levels. There was one Band 5 staff nurse vacancy with a preferred candidate awaiting pre-employment checks. GCHSCP are funding three Practice Development Nurses (PDNs) and two of these posts had been filled. The PDNs will cover all three prisons in GGC.

The core staffing shift is a 12 hour shift. At the time of the visit, there were no issues with late arrivals from court. Limited numbers of prisoners were arriving into HMP Greenock due to a number of cells being out of use following the water ingress.

A range of resources are available to support staff health. This includes well-being resources for staff and managers dealing with COVID-19. Staff told us they felt well supported by their line managers, through daily huddles and weekly face-to-face team meetings which have been well received by staff. 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.

There is a low absence among healthcare staff at HMP Greenock and a high staff retention rate. Staff described the healthcare team as a close team with a good working relationships. The relationship and communication between SPS and the healthcare team was also described as being very good during the pandemic, with regular meetings to discuss issues and share learning.

**Action Point 16:** in order to effectively clean the environment used for healthcare delivery HMP Greenock must:

- Remove unnecessary clutter to enable access to effectively clean the environment.
- Remove tape from floors to allow for effective cleaning.

**Action Point 17:** The SPS and HMP Greenock must provide an environment for the delivery of healthcare that is permanently free from water ingress in order to minimise the risk of transmission of infection.

**Action Point 18:** HMP Greenock must ensure that work surfaces are intact to allow them to be effectively cleaned, to minimise the risk of transmission of infection.

**Good Practice 5:** a questionnaire was distributed to patients during the pandemic which included questions on people's experience of care being provided by NHS Greater Glasgow and Clyde and what could be improved.

**Good Practice 6:** good joint working between SPS and NHS.

**Good Practice 7:** it has recently been agreed to commence COVID-19 testing three days prior to patients attending hospital for surgery and some outpatient appointments.

**Good Practice 8:** continued access to substance misuse and mental health services during the pandemic.

**Good Practice 9:** SPS staff were limiting the amount of people allowed in at a time in order to comply with social distancing. Cleaning products were available at the point staff collect keys and people are asked to clean their keys with the provided materials on collection and return.



## **Liaison Visit Conclusion**

It is greatly to the credit of the management and staff of HMP Greenock that at the time of our visit no one in their care had tested positive for COVID-19.

Communication with prisoners about the pandemic was strong and efforts to promote family contact were solid; we also particularly welcomed the efforts made to identify prisoners without much family contact or time out of cell and engage them in communal activities over Christmas. Similarly it was good to see the efforts made to encourage constructive communication between prisoners and SPS HQ around the challenges and frustrations in securing progression. The new initiative to promote continuity of service on release and an extension of the voluntary throughcare service was also commendable and encouraging. HIS inspectors identified a range of good practice, including the decision to start testing for COVID-19 three days before a hospital admission and continued access to substance misuse and mental health services. Relationships between the SPS and NHS were also very positive and constructive.

Despite these positives, a number of issues concerned inspectors. As we have observed in other prison liaison visits, restricted opportunities for progression were a major concern for prisoners in HMP Greenock and the SPS must prioritise the clearing of the backlog of paperwork associated with progression and speed up the process for considering granting of temporary release and communication around that. The SPS should consider reopening Arran Hall to encourage more opportunities for progression and must address the lack of accessible cells, which prevent progression to the Top End at HMP Greenock for anyone with severe mobility or other support issues, alongside consideration of the need for more accessible cells in other residential areas. More clarity should be provided for prisoners about their housing arrangements on release. PBSW need access to SPS systems, particularly when having to work from home, so they are not inhibited from meeting their statutory responsibilities.

The main concerns however relate to the ageing infrastructure of HMP Greenock and the unsuitable environment created by the fabric of the building. In particular a robust permanent solution must be found to prevent further ingress of water into healthcare settings to minimise the risk of transmission of infection. For similar reasons the SPS need to declutter settings used even temporarily for healthcare and ensure work surfaces are intact to facilitate effective cleaning. The safer cells need to be upgraded to make them anti-ligature and more conducive to a caring environment. The annex cells are in need of urgent upgrade. Privacy screens should be installed around the toilets in Ailsa and Darroch Hall.

The continuing gradual loss of residential accommodation due to water ingress is also deeply concerning in light of the pressure on prison cell capacity which is anticipated as court activity ramps up again and returns to normal. The SPS are investigating options to address the problems of water ingress in the residential area but they are likely to be costly and under current plans may only have a payback period of 10 years until a full replacement for HMP Greenock can be secured. We urge SG and the SPS to find funding and consider alternatives that might provide a permanent or at least longer-term solution in a shorter timeframe and perhaps provide a more cost effective investment.

We know that prisoners appreciated the positive staff–prisoner relationships developed in HMP Greenock, and staff do their very best in difficult conditions, but HMP Greenock remains a Victorian establishment ill-suited to a modern prison system and accordingly in need of replacement. However, if funding restrictions mean a replacement prison is still up to 10 years away it is of course imperative that the upgrade work required to deal with the water ingress and other issues identified in our report and attached list of action points proceeds without delay.

Accordingly we wish to record our appreciation of the fact that GCHSCP, along with the SPS, responded swiftly to the infection control issues that were immediately escalated and note that the healthcare service returned to the health centre on 3-4 April 2021. Significant roof repair work has been undertaken since the liaison visit and internal refurbishment has also taken place with regard to damaged flooring, lighting and decor. A proposal is being developed to move the health centre to another building to support healthcare facilities in the longer-term. We will continue to monitor the progress of this and the impact on patient care. Welcome though this swift response has been, it does not detract from the need for more fundamental solutions to the significant infrastructural challenges which remain at HMP Greenock.

## List of Good Practice

**Good Practice 1:** we commend HMP Greenock on their efforts to identify prisoners without much family contact and time out of cell and encourage them to access communal recreational opportunities over the Christmas period.

**Good Practice 2:** the supply of exercise mats and hygiene packs for all prisoners during the first lockdown, along with the development of workout routines, was commendable.

**Good Practice 3:** during the pandemic, SPS HQ and HMP Greenock staff have worked together to ensure that prisoners can have their voice heard with regards to progression. The prisoners we heard from during the visit had been able to raise their concerns and have these concerns heard by key people. It reflects well on SPS and HMP Greenock that they have viewed this engagement as essential, listened to these concerns, have been open and honest about the challenge (both from the pandemic and other drivers), and have committed to make improvements to address the prisoners' concerns.

**Good Practice 4:** during the pandemic, the PBSW service have continued to look at how they can improve the service they provide to HMP Greenock prisoners. The 'Linking Community to Custody Pathway' initiative was seen as an attempt to ensure better outcomes for prisoners throughout their justice journey. Developing an approach where the service can offer continuity to prisoners on release, including extension of the voluntary throughcare service, will always be important but this is accentuated in the context of reduced direct supports in the community due to the pandemic restrictions.

**Good Practice 5:** a questionnaire was distributed to patients during the pandemic which included questions on people's experience of care being provided by NHS Greater Glasgow and Clyde and what could be improved.

**Good Practice 6:** good joint working between SPS and NHS.

**Good Practice 7:** it has recently been agreed to commence COVID-19 testing three days prior to patients attending hospital for surgery and some outpatient appointments.

**Good Practice 8:** continued access to substance misuse and mental health services during the pandemic.

**Good Practice 9:** SPS staff were limiting the amount of people allowed in at a time in order to comply with social distancing. Cleaning products were available at the point staff collect keys and people are asked to clean their keys with the provided materials on collection and return.

## List of Action Points

**Action Point 1:** HMP Greenock should consider reopening Arran Hall to allow more male prisoners to progress to open conditions and also accommodate those with mobility issues.

**Action Point 2:** install privacy screens around the toilets in Ailsa and Darroch Hall.

**Action Point 3:** the Scottish Government to provide funding to address the issues with the fabric of the building and actively consider the provision of alternative accommodation.

**Action Point 4:** the lack of any accessible cells in Chrisswell House needs to be addressed as a priority. In addition a review to identify the population that require accessible cells in HMP Greenock is necessary to determine the ongoing and future requirements.

**Action Point 5:** SPS should provide HMP Greenock with sufficient funding to upgrade the safer cells to make them anti-ligature and more conducive to a caring environment.

**Action Point 6:** SPS should ensure that other free phone numbers should be allocated to the mobile phone system that reflects the access users would get using the prison PIN phones.

**Action Point 7:** that the SPS release funds urgently to refurbish the annex cells so that they are suitable to hold prisoners even for a short period of time.

**Action Point 8:** SPS HQ to look to make improvements to the virtual visit booking system.

**Action Point 9:** the education provider and prison managers should explore what practical measures can be introduced to ensure the recommencement of structured learning opportunities for prisoners.

**Action Point 10:** the Chaplaincy team should liaise with the SPS and other prison Chaplaincy teams on the scope to stream religious content or produce material on DVDs to improve the services available when access to communal services has to be restricted.

**Action Point 11:** the SPS should work with the Chaplaincy team to refurbish the multi faith centre and ensure its use is maximised.

**Action Point 12:** HMP Greenock, in partnership with SPS HQ, should prioritise the embedding of communication systems which will ensure that prisoners can be kept informed about the progress of their individual applications for temporary release.

**Action Point 13:** SPS must continue to prioritise clearing the backlog of progression paperwork, identifying and addressing any inhibitors, to ensure that prisoner's rights are being respected.

**Action Point 14:** using the aspirational SHORE standards, including COVID-19 updates, as the basis for discussions, HMP Greenock should engage with local authorities to ensure that pre-release prisoners have more clarity about accommodation and housing prior to liberation so they can be "confident, optimistic and motivated about returning to the community with a positive destination".

**Action Point 15:** the SPS and HMP Greenock should ensure that PBSW staff have the relevant access they need to SPS systems. This will properly support home working but and ensure that access to systems is an enabler rather than an inhibitor to meeting their statutory responsibilities. It will also support their commitment to continuous improvement of the service

**Action Point 16:** in order to effectively clean the environment used for healthcare delivery HMP Greenock must:

- Remove unnecessary clutter to enable access to effectively clean the environment.
- Remove tape from floors to allow for effective cleaning.

**Action Point 17:** the SPS and HMP Greenock must provide an environment for the delivery of healthcare that is permanently free from water ingress in order to minimise the risk of transmission of infection.

**Action Point 18:** HMP Greenock must ensure that work surfaces are intact to allow them to be effectively cleaned, to minimise the risk of transmission of infection.

## Acronyms used in this Report

<b>BBV</b>	Blood Borne Virus
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CBSW</b>	Community-Based Social Work
<b>CIU</b>	Community Integration Unit
<b>CPT</b>	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
<b>FLM</b>	First Line Manager
<b>GIC</b>	Governor-in-Charge
<b>GCHSCP</b>	Glasgow City Health and Social Care Partnership
<b>HMCIPS</b>	Her Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	Her Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	Her Majesty's Prison
<b>HPS</b>	Health Protection Scotland
<b>ICM</b>	Integrated Case Management
<b>IPM</b>	Independent Prison Monitor
<b>LV</b>	Liaison Visit
<b>NTE</b>	National Top End
<b>NPM</b>	National Preventive Mechanism
<b>OPCAT</b>	The Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>ORT</b>	Opiate Replacement Therapy
<b>PANEL</b>	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
<b>PBSW</b>	Prison-Based Social Work
<b>PIAC</b>	Prison Information and Action Committee
<b>PPE</b>	Personal Protective Equipment
<b>PTI</b>	Physical Training Instructor
<b>RC</b>	Roman Catholic
<b>REHIS</b>	Royal Environmental Health Institute Scotland
<b>RMT</b>	Risk Management Team
<b>SBR</b>	Suspected Bullying Report
<b>SEL</b>	Special Escorted Leave
<b>SG</b>	Scottish Government
<b>SHORE</b>	Sustainable Housing on Release for Everyone
<b>SMT</b>	Senior Management Team
<b>SOP</b>	Standard Operating Procedure
<b>SPOC</b>	Single Point of Contact
<b>SPS</b>	Scottish Prison Service
<b>SPS HQ</b>	Scottish Prison Service Head Quarters
<b>SPSO</b>	Scottish Prison Services Ombudsman
<b>SRU</b>	Separation and Reintegration Unit
<b>SQA</b>	Scottish Qualifications Authority
<b>SSOW</b>	Safe Systems of Work
<b>TTM</b>	Talk to Me



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