



# HMIPS

HM INSPECTORATE OF  
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

## HMP YOI Polmont

Full Inspection

14 to 18 August 2023



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## Introduction and Background

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This report is part of the programme of inspections of prisons carried out by His Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

His 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', published in May 2018 which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during the course of an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent and that assessments are made against appropriate criteria. While the basis for these Standards is rooted in International Human Rights treaties, conventions and in Prison Rules, they are the Standards of HMIPS. This report and the separate 'Evidence Report' are set out to reflect the performance against these standards and quality indicators.







HMIPS assimilates information resulting in evidence-based findings utilising a number of different techniques. These include:

- Asking the Governor or Director in Charge for a self-evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- Obtaining information and documents from the SPS and the prison inspected.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one-to-one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as case conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.
- Conducting a pre-inspection survey with prisoners prior to the inspection and analysing the results for areas of concern or best practice.
- Reviewing the independent prison monitor (IPM) reports and a focus group with IPMs.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, the Scottish Human Rights Commission, the Care Inspectorate, and guest inspectors from the SPS. On this inspection HMIPS was supported by staff from the Children and Young People's Commissioner Scotland and the Children and Young People's Centre for Justice.

The information gathered facilitates the compilation of a complete analysis of the prison against the standards used. This ensures that assessments are fair, balanced and accurate. In relation to each standard and quality indicator, inspectors record their evaluation in two forms:

1. A colour coded assessment marker.

Rating	Definition
 <b>Good performance</b>	Indicates <b>good performance</b> which may constitute good practice.
 <b>Satisfactory performance</b>	Indicates overall <b>satisfactory performance</b> .
 <b>Generally acceptable performance</b>	Indicates <b>generally acceptable performance</b> though some improvements are required.
 <b>Poor performance</b>	Indicates <b>poor performance</b> and will be accompanied by a statement of what requires <b>to be addressed</b> .
 <b>Unacceptable performance</b>	Indicates <b>unacceptable performance</b> that requires immediate attention.
 <b>Not applicable</b>	Quality indicator is <b>not applicable</b> .

2. A written record of the evidence gathered is produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session prior to final assessments being reached. This emphasises the fairness aspect of the process ensuring an unbiased and balanced decision is reached prior to completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit alongside this report on our website. The results of the pre-inspection survey will be published at the same time.

## Key Facts

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### Location

HMP YOI Polmont is situated in the Brightons area of Falkirk.

### Role

It is Scotland's national holding facility for male children and young males aged between 16-21 years of age. It also houses adult female prisoners. It holds people across the full remand and convicted sentence range, the majority of whom are serving short-term sentences.

### Brief history

Polmont first opened as a Borstal in 1911 in the buildings of the former Blairlodge Academy.

### Accommodation

There are three accommodation houses: Iona, Monro and Blair Hall.

### Design capacity

The design capacity of the establishment is 758, with 607 single rooms.

### Date of last inspection:

November 2018

### Healthcare provider:

NHS Forth Valley

### Learning provider:

Fife College

## Overview by HMCIPS

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Prior to inspection, our team of Independent Prison Monitors (IPMs) reported that significant improvements had been achieved by the prison management team over the previous 12 months. The inspection reinforced the view that the prison was indeed moving strongly forward. The senior management team had clearly brought vision, purpose, energy and direction to the prison, with a united staffing team behind them who felt valued and supported. We welcomed the mentoring scheme that had been put in place to assist staff wishing to progress.

HMIPS would like to see expedited the removal to secure care of the very small number of children still held in HMP YOI Polmont. Despite the significant cultural shift observed, HMIPS believes that children should not be held in prison while more therapeutic alternatives are available in Scotland. This move would bring more cells into availability, mitigating to a small degree some of the significant overcrowding concerns held by HMIPS.

In total seven of our nine standards inspected were assessed as satisfactory with two standards judged generally acceptable, reflecting a calm, stable, forward-looking prison with some excellent resources available to the young people and women. The NHS Forth Valley Healthcare Team had made great progress in addressing the issues brought up in our previous report and are to be highly commended for moving from a 'poor' rating to 'satisfactory'.

The prison was strong at identifying those who had additional needs and ensuring support was provided for them. We identified 34 examples of good practice across the prison, including a locally devised First Night Immediate Needs checklist and early referral to support services after core screening. Inspectors were impressed too by the care and compassion demonstrated by staff when we observed Talk to Me (TTM) case conferences in operation.

We welcomed a peer-written induction booklet, and the effort that had been put into developing pictorial information booklets and display boards, to assist the understanding of foreign nationals and those with literacy and numeracy issues or neuro-divergent backgrounds. The Inclusion Team deserve mention as performing a vital role in trying to ensure that no one was left behind or isolated, and their contribution was widely praised both by inspectors and the young men and women who have benefitted from their support. In addition, we welcomed the use of Restorative Justice to resolve tensions in the establishment.

The inspection team saw a commendable record of success in reducing the number of young men needing to be held in the Separation and Reintegration Unit to a minimum, and in supporting their reintegration management plans. It is commendable that there were periods when it lay empty.

Inspectors observed excellent work being done through Life Skills courses and with outside agencies and third sector providers such as CrossReach and Paws for Progress, including support for those potentially more isolated than others.



As with any inspection, however, we witnessed several issues that caused us concern. In particular that the right under the Mandela Rules to an hour's exercise in the fresh air every day was clearly being breached. We recognise that the sheer number of designated enemies that the young men experience makes the process of ensuring one hour's exercise difficult with only two exercise yards. The SPS must address this by funding the construction of additional exercise areas with outdoor fixed equipment.

Our other significant concern related to body searching and the continued use of routine body searching of women after a visit and in cell searches. The potential for re-traumatising those who may have been affected by previous abuse is high. We continue to strongly urge the SPS to use the available technology and move permanently away from routine body searching to intelligence-led searching only.

We noted with concern the length of time some transgender individuals had been held in isolation while decisions were made centrally by SPS HQ on what should happen to them. We sincerely hope decision-making processes can be speeded up in future. We must also record disappointment at the lack of programmes for offence-protection young men.

Food came out poorly in our pre-inspection survey of those living in HMP YOI Polmont in both quality and quantity. Inspectors had concerns about portion size and presentation, which was made worse by the impact of foil trays being stacked on top of one another during transport to the halls. We would urge the Catering Manager to engage directly with the Food Focus Groups and to look at what else could be done to encourage the young men towards healthier eating.

We note the need for better outdoor clothing for use in the winter and the need to replace a significant number of in-cell safes. Although the prison can boast some excellent facilities and activities, including the radio station and drama/dance/music studio, the booking system did not work well, leaving some options under-utilised. More could be done to ensure opportunities are maximised and the risk of isolation accordingly minimised. A greater rotation of work opportunities between the various categories of young men and women would also assist.

While considerable effort was devoted to supporting the needs of the more vulnerable in the establishment, we must also record that the Anti-bullying Strategy needs reinvigorated to ensure victims are properly supported. Similarly, while witnessing some outstanding examples of compassionate care for those on TTM, we must express concern at the high number of staff who had fallen out of competency around both TTM training and Emergency Response.

We also got a mixed picture around progression. With early indication of programme needs and reinvigoration of the personal officer role leading to some young men and women being very clear on progression processes, while others expressed a lack of understanding of the pathway and criteria for progressing to the Open Estate. While healthcare had improved dramatically, the NHS and SPS need to work with the court system and others to improve the flow of important patient information, and to ensure that late arrivals into the prison still receive a formal health screening assessment.

At the time of our inspection the prison was preparing for the arrival of more women and the possibility of accommodating adult men. While the prison fully embraced the need to make best use of spare capacity in HMP YOI Polmont, particularly given the rising prisoner population across the estate, there was an understandable anxiety that such transfers in should not destabilise the young people and women there or undermine and slow the progress achieved. We endorse the need for a sensitive change management process that facilitates best use of capacity across the whole prison estate, but with some flexibility for HMP YOI Polmont to return any individuals whose conduct proves to be particularly troublesome to the smooth running of a vital national facility for young people and others.

Notwithstanding the concerns highlighted here, some of which are significant, the overriding impression was of a caring, compassionate, dynamic management team and staff group, and a prison that was moving energetically forward and recovering after the pandemic with greater pace than we have seen elsewhere.

We have made 76 recommendations in total, but we encourage SPS HQ, HMP YOI Polmont and NHS Forth Valley to focus on the following key recommendations:

**Recommendation 10:** HMP YOI Polmont should ensure as a matter of urgency that there is a safe in every cell and that it is in good working order.

**Recommendation 17:** HMP YOI Polmont should ensure that all young men/women have clothing that is suitable for use in inclement weather.

**Recommendation 25:** HMP YOI Polmont should identify a senior manager to lead a review of the Bullying Strategy and retain ongoing oversight of the applications of the strategy's processes.

**Recommendation 32:** SPS HQ should cease all routine body searching of young men/women, focussing instead on intelligence-led body searching and use of other means of detection.

**Recommendation 49:** HMP YOI Polmont should ensure that the rotation of work parties happens to provide prisoners with access to a variety of employment opportunities.

**Recommendation 50:** HMP YOI Polmont should review the booking system to allow for maximum attendance at purposeful activity.

**Recommendation 53:** The regime should be reviewed to ensure the statutory one-hour access to fresh air is provided for all young men daily. If additional exercise yards are required to ensure adequate opportunities for exercise is provided, while still separating enemies, then SPS HQ should fund their construction.

**Recommendation 63:** The prison needs to ensure all staff core competencies are brought back up to an acceptable level.



**Recommendation 64:** HMP YOI Polmont and NHS Forth Valley should continue to seek ways of improving communication from courts and external services, to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.

**Recommendation 66:** SPS and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that those prisoners arriving late at the prison receive a formal health screening assessment.

## Human Rights Based Approach Overview

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Looking at the **PANEL** principles:

**Participation.** It was encouraging to see development of peer-led induction materials and the wide involvement of peer mentors. PIACs and Food Focus Groups were running regularly, although the Catering Manager could have engaged more directly with the Food Focus Groups. Although discussions took place between staff and young men/women that evidenced improved participation rates and engagement in purposeful activity, this informal approach often led to some young men/women remaining in the same activity for lengthy periods and preventing others from gaining a similar range of skills and experience. All young people/women, families and friends were encouraged to participate in regular open visits. There was a commendably high participation with families attending integrated case management (ICM) meetings and case conferences.

**Accountability.** Prison staff were aware that the young men/women that they looked after had rights and entitlements. The complaints process was well advertised, and forms were available on most halls, although young men/women did not have confidence in the system. Given the high level of literacy deficits, using a complaints system that requires literacy could also be deemed inhibitory. The prison provided a sufficient number and range of learning opportunities to meet the abilities and interests of the prison population. However, the Learning Centre were competing with a wide variety of other activities available for young men/women, such as essential work parties, gym, and vocational training and therefore it was running at around fifty percent below capacity.


**Non-discrimination and equality.** The prison was proactive in providing support to all categories of young men/women. Individual needs were identified and shared appropriately between partner agencies, including via TTM. However, a very tall young man spent five months on a regular sized bed before being provided with a longer bed and mattress when inspectors intervened. The access from the lower stairs to the entrance of Iona Hall does not have a lift, therefore the opportunities to move to Iona 3, the enhanced wing for young men, was not accessible to those in a wheelchair. Not all areas offered social dining. The prison gymnasium, however, offered a wide range of activities to all those living in the prison regardless of age, or physical abilities. Gender-specific services and activities were provided for women within the establishment and in ongoing support upon release. Appropriately designed interventions and approaches were delivered for young people. HMP YO1 Polmont were in the early days of restructuring their Equality & Diversity (E&D) strategy but had established a good starting point and were aware that checks were required to ensure that unconscious bias did not affect decision makers in areas such as disciplinary procedures or access to employment. It was encouraging to see that translation services were used more regularly than in other prisons, with evidence of use in TTM, disciplinary procedures, by the Health Centre and on admission. However, there were times when translation was reportedly not used, for example late admissions when the regular staff were not on duty.

**Empowerment.** New arrivals need to be better informed about the Prisoner Information Action Committee (PIAC) process and IPM service. The Prison Rules were not readily available in all residential areas. This needs to be rectified and young men/women need to be advised how to access them. Most women and young men described being included in planning, understanding key processes, and having opportunities to express their views on reintegration and release arrangements. However, some short-term and life-sentenced young men and women were largely unaware of the case management process and how it would support their future.


**Legality.** Management undertook a proactive approach to minimise the time an individual was isolated under Rule 95, with detailed management plans to support reintegration at the earliest opportunity. Rule 87(1) states that 'every prisoner must be given the opportunity to take exercise or, where the weather permits, to spend time in the open air for not less than one hour every day'. Unfortunately, this was not always being achieved and that needs to be rectified swiftly.

## Summary of Inspection Findings


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 **Standard 1 Lawful and Transparent Custody**  
Satisfactory


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 **Standard 2 Decency**  
Generally Acceptable


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 **Standard 3 Personal Safety**  
Generally Acceptable

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 **Standard 4 Effective, Courteous and Humane Exercise of Authority**  
Satisfactory

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 **Standard 5 Respect, Autonomy and Protection against Mistreatment**  
Satisfactory

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 **Standard 6 Purposeful Activity**  
Satisfactory

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 **Standard 7 Transitions from Custody to Life in the Community**  
Satisfactory

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 **Standard 8 Organisational Effectiveness**  
Satisfactory

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 **Standard 9 Health and Wellbeing**  
Satisfactory

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## Standards, Commentary and Quality Indicators

### Standard 1 - Lawful and Transparent Custody

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

**The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.**

#### Inspection Findings

**Overall Rating: Satisfactory**

#### Overview

In this standard, eight quality indicators were rated as satisfactory performance and one as generally acceptable, giving an overall rating of satisfactory performance. There were six examples of good practice and seven recommendations for improvement.

HMP YOI Polmont performed well against this standard, with good staff/prisoner relationships at the core of effective admission, induction and liberation processes.

As the national facility for young people in Scotland, HMP YOI Polmont is responsible for the admission of all young men aged under 21. It also received women transferred from other prisons. The reception staff were highly competent and managed this complex mix of populations professionally and respectfully, treating individuals with care and attention in a friendly and controlled atmosphere.

Effective communication was evident throughout admission and induction procedures, both in the quality of staff and peer-led information delivered to new admissions, as well as in the opportunities created for young men/women to ask questions and highlight concerns in confidence.

A comprehensive range of Standard Operating Procedures (SOPs) ensured processes were compliant with statutory requirements, delivering robust identification, classification, and allocation. Key dates were communicated promptly.

A structured induction programme catered well for the specific needs of the convicted male population and attendance was satisfactory. Mainstream untried young men were incentivised to engage in a shorter induction; however, opportunities offered to protection and non-English speaking young men/women were sadly more limited. Less than 17% of female admissions attended induction across a five-month period, despite it being offered to both untried and convicted women.

## HMIPS Standard 1 Lawful and Transparent Custody – Continued

The prison was proactive in supporting young men/women as they prepared for transition back into the community. The liberation process was well explained and conducted in a caring, professional manner; however, the prison was missing opportunities to learn from the experiences of those leaving its custody.

### Summary of good practice and recommendations

**Good Practice 1:** The arrangements to advance new admissions the cost of a vape pack if arriving without sufficient funds.

**Good Practice 2:** The use of a locally developed First Night Immediate Needs checklist to ensure critical issues were identified and addressed.

**Good Practice 3:** The development of comprehensive, peer-written induction booklets for each area of the prison.

**Good Practice 4:** The use of a locally developed core screen and induction process for untried young men/women to ensure their understanding of prison life and the proactive, early referral to support services.

**Good Practice 5:** The use of goody bags to incentivise young untried men to attend induction.

**Good Practice 6:** Reception has a rack of spare clothing available for those being liberated, including weather-appropriate items.

**Recommendation 1:** HMP YOI Polmont should ensure that the televisions in Reception are fixed to restore the information channel to the holding rooms.

**Recommendation 2:** SPS HQ should consider how to streamline the decision-making process for the appropriate allocation of transgender prisoners to minimise time spent in isolation from the prison population.

**Recommendation 3:** HMP YOI Polmont should ensure that a core screen is completed for all new admissions.

**Recommendation 4:** HMP YOI Polmont should ensure that male offence protection prisoners and non-English speakers receive a full induction.

**Recommendation 5:** HMP YOI Polmont should consider whether the length and content of the women's induction meets the needs of the population, to improve participation.

**Recommendation 6:** SPS HQ should update the National Induction Programme slides to include recent operational changes, including in-cell telephony.

**Recommendation 7:** HMP YOI Polmont should consider the reintroduction of routine exit interviews to increase its understanding of the experiences of those leaving its custody.



## 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.**

### Inspection Findings

#### Overall Rating: Generally Acceptable

#### Overview

In this standard, one quality indicator was rated as good performance, one was rated as satisfactory, three were rated as generally acceptable performance and one was rated as poor performance, giving an overall rating of generally acceptable. There were five examples of good practice and fifteen recommendations for improvement.

The buildings in HMP YOI Polmont were relatively modern, dating from 2003. In general terms the buildings were in reasonable repair, although the establishment was currently working through large-scale issues with their medium-hot water system, with a temporary fix in place. In addition, the linoleum flooring was failing in many areas of the establishment.

The decor of the cells was found to be poor in some areas, most notably in the first night in custody and remand areas of Monro. Throughout the establishment in-cell safes were either broken, had been removed or lacked the means to secure, requiring a programme of replacement.

Cleanliness throughout the establishment was good, with several robust infection control processes in place. An area of good practice was that the Industrial Cleaning Officer Instructors carried out a monthly inspection of all areas, providing feedback to Senior and First Line Managers (FLMs) of their findings and required improvements, collated on a spreadsheet.

In all cells inspected the occupants had suitable bedding of an appropriate standard and curtains, and toilet doors were evident. The establishment had a process in place to allow duvets to be laundered regularly, however not all areas were utilising the process. Several cells in Monro were found to have mattresses that were extremely thin. While the store kept a small stock of mattresses, all areas confirmed that they were largely reserved for replacement due to malicious damage rather than routine wear and tear.

Although the establishment held a small stock of longer beds and mattresses, staff had failed to acquire a longer bed for a very tall young person who had been in custody for five months. This issue was swiftly resolved by the Estates Team when they were made aware of it by inspectors.

## HMIPS Standard 2 Decency – Continued

Each residential area had a good supply of basic toiletries available on request and young men/women reported no issues in accessing these. The establishment had invested time in producing a pictorial catalogue of canteen, sundry and electric items so the purchaser could see what the item looks like before committing to purchase. This was good practice.

Only Blair Hall, housing women, had in-cell showers, with the other residential areas having several showers in each section. It was disappointing that young men in Monro Hall were obliged to utilise their short period of daily recreation to access showers, although staff and young men confirmed that exceptions were made for those attending activities, court or visits.

Due to the low population numbers, the Laundry provided a Monday-to-Friday service to all residential areas, and it was laundered and returned the same day. The contents of kits bags, which opened in the machines, were logged on a database which had reportedly cut down on the amount of lost property claims. This was good practice. The laundry was staffed by female prisoners who either held or are working towards a British Institute of Cleaning Science (BICSc) qualification.

The short, thin nylon jackets provided for inclement weather were not suitable for heavy rain or cold weather.

The pre-inspection survey found that less than half (43%) reported that the quality of the food was good, and less than half (48%) reported always or usually getting enough to eat at mealtimes. During the inspection it was observed that the portion size and presentation of the food was poor. Meals were often provided in small foil trays, which were stacked in the hot trolley causing them to sink into the lower trays, displacing the contents. An already small portion was thus reduced and served with only a pitta bread, with no rice or other accompaniment.

All young men/women were required to submit a weekly menu choice sheet, two weeks in advance, even if their choices remain the same. Staff reported that in some areas of the prison, particularly remand, the young men found this taxing and did not submit a menu, thus resigning themselves to the default Choice 1. We similarly observed a single menu choice being delivered for service, indicating that the whole section had either picked or been assigned Choice 1.

Within this menu choice, accompaniment was also a pre-determined choice. For example, a specified meal may be served with 'boiled potatoes or chips' or 'rice or chips'. It is likely that given this choice, many young men and women would select chips over the healthier choice. While this represented a healthier choice on paper, it meant that the option of making a healthy choice at the point of presentation was denied.

## HMIPS Standard 2 Decency – Continued

### Summary of good practice and recommendations

**Good Practice 7:** The décor of the safer cell and provision of access to television for prisoners being managed in the safer cells.

**Good Practice 8:** Monro 4 – cleaning store and cell cleaning process.

**Good Practice 9:** ICP Officers monthly Infection Control/Cleanliness Inspection, spreadsheet and remedial action by area.

**Good Practice 10:** ICP Officers providing cleaning induction to all admissions to HMP YOI Polmont.

**Good Practice 11:** HMP YOI Polmont had produced pictorial catalogues for all items available to buy through canteen and sundry, with plans to extend this practice to include pictures of menu choices.

**Recommendation 8:** HMP YOI Polmont should develop a process for all cellular accommodation to be painted to maintain a reasonable standard of décor throughout.

**Recommendation 9:** SPS HQ should consider further investment in Electro Chromatic doors for safer cells throughout the prison estate.

**Recommendation 10:** HMP YOI Polmont should ensure as a matter of urgency that there is a safe in every cell and in good working order.

**Recommendation 11:** HMP YOI Polmont should undertake a programme of replacement of damaged flooring throughout the establishment.

**Recommendation 12:** HMP YOI Polmont should ensure that cleaning equipment is colour coded to ensure there is no cross-contamination.

**Recommendation 13:** HMP YOI Polmont should ensure that those working in the pantries adhere to all food hygiene processes, to ensure food is protected from contamination and to use the utensils available.

**Recommendation 14:** HMP YOI Polmont should implement a timetable for purchase and replacement of mattresses.

**Recommendation 15:** Residential areas in HMP YOI Polmont should proactively adhere to the timetable for exchange and laundering of all duvets every quarter.

**Recommendation 16:** HMP YOI Polmont should offer young men showers at times that do not coincide with recreation periods.

## HMIPS Standard 2 Decency – Continued

**Recommendation 18:** HMP YOI Polmont should introduce social dining to all residential areas of the prison.

**Recommendation 19:** The Catering Manager or Catering Representative should routinely attend all Food Focus Group meetings.

**Recommendation 20:** Catering Staff should routinely attend the residential pantry to observe the meals being issued, to ensure that food hygiene standards are being met and that the presentation of the food is acceptable.

**Recommendation 21:** Chips should be offered less often as an alternative to a healthier option. For example, curry should only be offered with rice rather than with rice or chips.

### 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.**

#### Inspection Findings

#### Overall Rating: Generally Acceptable

##### Overview

In this standard, one quality indicator was rated good performance, two were rated satisfactory performance, two were rated generally acceptable performance and two were rated poor performance, giving an overall rating of generally acceptable. There are three examples of good practice and ten recommendations for improvement.

The TTM policy was well managed and implemented, with robust assurances in place. All documents reviewed during the inspection were completed accurately, with a good standard of entry relating to information and behaviours of the individual. The greatest asset for delivering the TTM process, however, was the clear compassion and care displayed consistently throughout the establishment by the staff.

There was some good work being undertaken with the Inclusion Team, particularly in relation to speech, language, and communication. The provision of pictorial aids for timetabling or information booklets expanded the opportunity for every young person to be included in the fullest range of engagement with purposeful or rewarding activities. The processes for identifying individuals who were vulnerable or more withdrawn were robust but, the follow up engagement actions by the Inclusion Team literally meant no one got left behind.

The pilot of the Violence Restraint Reduction (VRR) Strategy showed early signs of being an effective tool for challenging aggressive or violent behaviours. If this could be expanded to capture potential risk before actual incident of violence (that is, abusive or threatening behaviours) then this model could be worthy of consideration for rolling out across the whole of the SPS. The Bullying Strategy was based on the same modelling, with a referral through an actual event, but it was significantly less utilised. However greater direct oversight by senior management, with a focus on capturing the more covert intimidation or harassment, could make this model also worthy of consideration for other establishments throughout the SPS.

### HMIPS Standard 3 Personal Safety – Continued

Unfortunately, at the time of the inspection there appeared to be no process for identifying those who were the victims of bullying, and subsequently no evidence that the appropriate support or assistance had been offered. However, immediate action from the Senior Management Team identified a solution which the Community Safety Unit will implement. This was a positive step but will require a further review to confirm that this new process achieves the appropriate outcomes.

There were several concerns with regards to the levels of competency training across the whole establishment. Most concerning was the training regarding health and welfare, such as Emergency Response, First Aid and TTM. Additionally, there were some shortages within the Incident Command Team structure. However, the new Control and Restraint 2 (C&R2) pilot, appeared to have an impact on the establishment's ability to recruit staff into the ICT structure.

A significant number of personal alarms were missing, and on two occasions during the inspection an inspector was unable to locate a functioning alarm to enter the secure part of the establishment. The Head of Operation showed a business case for replacement alarms, but this had yet to be approved, leaving the ongoing shortage as a concern that some staff may be deployed on to duty with no means to raise an alarm if necessary.

There were two Health and Safety Co-ordinators sharing the responsibilities for legislation compliance and some training requirements. Records showed a robust audit and assurance process, with both monthly and quarterly inspections having a rotation lead nominated responsible person. Behind these inspections sat a comprehensive action tracker which clearly identified timescales and responsibilities should escalation be necessary.

#### **Summary of good practice and recommendations:**

**Good Practice 12:** The use of pictorial aids, for noticeboards or information booklets to improve prisoner understanding should be expanded to all SPS establishments.

**Good Practice 13:** The dedicated Inclusion staff were highly motivated to proactively engage with those individuals who required assistance in integration with available regime or activities.

**Good Practice 14:** The rotation of lead responsible nominee in both monthly and quarterly Health and Safety Inspections.

**Recommendation 22:** HMP YO1 Polmont should ensure that all staff are appropriately trained in the mandatory core requirements for TTM.



### HMIPS Standard 3 Personal Safety – Continued

**Recommendation 23:** The HMP YOI Polmont VRR pilot should be extended to capture those individuals who are demonstrating potential risk factors which may lead to subversive, aggressive or violent behaviours.

**Recommendation 24:** After the review of PR2 'enemies' and 'keep separate' risk markers is completed, HMP YOI Polmont should ensure that a revised approach is entrenched to minimise impact on access to activities.

**Recommendation 25:** HMP YOI Polmont should identify a senior manager to lead a review of the Bullying Strategy and retain ongoing oversight of the application of the strategy's processes.

**Recommendation 26:** HMP YOI Polmont should identify a senior manager to lead on embedding a support system that is fit-for-purpose in identifying those potentially being bullied and implementing a robust referral system to the appropriate support network.

**Recommendation 27:** HMP YOI Polmont must ensure that priority is given to mandatory core role training that is for the welfare of both prisoners and staff.

**Recommendation 28:** HMP YOI Polmont should review the First Aid trained staff position and ensure that sufficient cover of trained staff is available at all times.

**Recommendation 29:** HMP YOI Polmont should ensure that an appropriate number of staff are recruited and trained to fulfil all incident management requirements, without individuals holding dual roles.

**Recommendation 30:** HMP YOI Polmont should expedite the business case for replacing missing personal alarms as a matter of utmost urgency.

#### **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.**

#### **Inspection Findings**

**Overall Rating: Satisfactory**

#### **Overview**

In this standard, two quality indicators were rated as good performance, seven were rated as satisfactory performance and one was rated as generally acceptable performance giving an overall rating of satisfactory. There were two examples of good practice and five recommendations for improvement.

All cases where young men/women had been removed from association were supported by appropriate documentation, reviewed regularly and approved in accordance with the Prison Rules incidents. HMP YOI Polmont was undertaking a pilot of the new C&R2 restraint techniques, which were observed to be effective and also promoted the ethos of pain free restraint. Any use of force (UoF) by staff was reviewed for legitimacy and to identify any learning opportunities, especially in the application of the new techniques.

The staff at HMP YOI Polmont were observed to manage security processes in an effective manner. Young men/women were screened and searched appropriately before movements around the prison and there were protocols in place to ensure that the different populations did not mix. Cell searching was effective although it was disappointing to note that routine body searching was still part of this process. Search records for cell and area searching were maintained for comparison against searching standards.

Staff were able to identify young men/women subject to Special Security Measures (SSM) and describe the measures imposed and the rationale for these. External patrols took place regularly with records in place as evidence. Visitors to the establishment were greeted in a courteous manner and screened using appropriate equipment. Vehicles entering and leaving the establishment were thoroughly searched and drivers were briefed on appropriate security measures.

## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

#### Summary of good practice and recommendations:

**Good Practice 15:** The VRR FLM was proactive in reviewing violent incidents and conducting reviews with staff to support ongoing learning in the application of the new C&R2 techniques. This helped to ensure the safety of all, including young people and women in custody following a violent incident.

**Good Practice 16:** Multi-disciplinary weekly review meetings pro-actively aimed to minimise an individual's time within the SRU, ensuring progress against the reintegration plans is reviewed.

**Recommendation 31:** SPS HQ should cease all routine body searching of young men/women, focussing instead on intelligence-led body searching and other means of detection.

**Recommendation 32:** HMP YOI Polmont should ensure that property cards are used for all cell searches

**Recommendation 33:** HMP YOI Polmont should put in place a system that can evidence if a valuables bag has been opened and resealed.

**Recommendation 34:** HMP YOI Polmont should ensure that Duty Managers complete weekly audit checks of the Escort Approval Certificates.

**Recommendation 35:** HMP YOI Polmont should provide an area to locate young men within Iona House should they be unable to provide a sample at the allocated time, as per prison policy.

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

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

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

#### Inspection Findings

##### Overall Rating: Satisfactory

Five quality indicators were rated as satisfactory and three were rated as generally acceptable, giving an overall rating of satisfactory. There were eleven recommendations for improvement and one example of good practice.

In relation to sharing critical information between prisoners and their families, there was a SOP to inform staff of the processes and those spoken to were knowledgeable about the process.

The HMIPS pre-inspection survey found that 77% of respondents said they were treated with respect by staff all or most of the time. Independent Prison Monitors (IPMs) reported that relationships had improved over the last year, and they had witnessed good examples of compassionate and helpful staff. All of this tied in with inspectors' observations and discussion with staff and prisoners on the halls. The prison should encourage staff to wear name badges to allow prisoners to identify them.

Young men/women's rights to confidentiality and privacy were respected by staff. Staff and young men/women were aware of the process to follow in relation to information security breaches and Subject Access Requests. Data Protection Privacy Statements should be displayed in all halls. There was sufficient space for confidential conversations and confidential paperwork was kept secure. The process for handling young men/women's mail ran smoothly, was secure and offered privacy to those that received their mail the same day.

The environment of the prison appeared orderly and was reasonably predictable. Young men/women were made aware of the regime via the hall induction booklets, and it was displayed on the wall in most halls. Staff and young men/women advised they were consulted with in advance of any changes to the regime. IPM reports advised that the prison felt well-controlled and there were no related issues raised via the pre-inspection survey or focus groups with staff and young men/women.

## HMIPS Standard 5 Respect, Autonomy and Protection Against Mistreatment – Continued

In the pre-inspection survey, almost half (42%) reported that young men/women were not asked for their opinions, while 30% said that prisoners were asked but things did not change as a result. Noticeboards were pretty much standardised throughout the residential areas, with a themed approach and contained lots of useful information. There was little to no information in other languages on the halls.

At the time of the inspection recent PIACs had taken place in all the residential areas. However, throughout the prison, inspectors were unable to find evidence of updates on actions being communicated to those not attending the meeting. This could explain the results of the pre-inspection survey. Inspectors found suggestion forms in the document holders on the wall in residential areas, giving young men/women the opportunity to put forward items for discussion at future PIACs. This was evidence of good practice and should be shared across the prison estate. There was no mention of PIACs in the hall induction booklets or the national induction slides. It needs to be added so that young men/women are aware on arrival how they can contribute to improving prison life.

Young men/women had access to most information necessary to safeguard themselves against mistreatment, including access to legal advice, the courts, and diplomatic services. The exception was that the Prison Rules were only available in two residential halls and the prison library. A copy should be available in every hall and signs put up to inform prisoners how they can access them. Also, foreign nationals were not automatically having £10 added to their phone to allow them to contact family and friends living abroad; they had to make a request. This should be made automatic.

The HMIPS pre-inspection survey informed us that less than half (42%) of respondents felt that the complaints system worked well, and complaint numbers were very low. HMP YOI Polmont may wish to investigate the reasons for this. The complaints process, the route to the Scottish Public Services Ombudsman (SPSO) and complaints forms were available in most halls. Not all halls with foreign nationals held complaints forms in the relevant languages.

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoner's phone lists. Despite the results of the survey, prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them. Request numbers were low which tied in with the low numbers of complaints. The hall induction booklets should mention the IPM service to help improve awareness amongst prisoners. HMIPS will separately look at how we can raise awareness of the IPM service in HMP YOI Polmont.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

#### Summary of good practice and recommendations:

**Good Practice 17:** The prisoner suggestion forms giving young men/women the opportunity to put forward items for discussion at future PIACs.

**Recommendation 36:** HMP YOI Polmont should ensure that all staff wear their name badge.

**Recommendation 37:** Data protection privacy statements should be displayed on all halls and in the languages of those spoken in the hall.

**Recommendation 38:** HMP YOI Polmont should ensure that an update on actions from PIACs are communicated to all young men/women.

**Recommendation 39:** HMP YOI Polmont should update the hall induction booklet to provide an explanation of PIACs to new arrivals.

**Recommendation 40:** SPS HQ should update the national induction slides to include information about PIACs.

**Recommendation 41:** HMP YOI Polmont should ensure copies of the Prison Rules are available on each hall and that young men/women are informed of how to access them.

**Recommendation 42:** HMP YOI Polmont should review the process for adding £10 to foreign national young men/women's phone allowance to ensure they receive it as soon as possible following admission.

**Recommendation 43:** HMP YOI Polmont should have complaints forms readily available on Monro 1 West.

**Recommendation 44:** Complaint forms should be available in the language of prisoners present on the hall.

**Recommendation 45:** The hall induction booklet for Monro needs to be amended to say that young men/women can choose to not discuss a complaint with staff and go straight to a PCF1 if they wish.

**Recommendation 46:** HMP YOI Polmont should update the hall induction booklets to inform prisoners about the IPM service.



### 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.**

#### Inspection Findings

**Overall Rating: Satisfactory**

#### Overview

In this standard, 11 quality indicators were rated as satisfactory performance, three were rated as generally acceptable performance, and one was rated as poor performance, giving an overall rating of satisfactory. There were no examples of good practice and 13 recommendations for improvement.

The prison offered a wide range of high-quality vocational training and employment opportunities that were suitable in supporting those on release however some training areas were not available at the time of the inspection due to staff shortages.

A few young men/women were being supported with the theory aspect of their apprenticeship or continuing with the occupation they had prior to coming into the establishment which was excellent. There was an informal approach in some cases for people to access jobs within the prison and although its encouragement of young men/women helped to improve participation rates and engagement in purposeful activity the unintended consequence was that some young men/women remained in the same activity for longer than required preventing others from gaining the same skills and experience. Although there was a rotation for some skills-based activities this did not always happen in time.

There was a choice of purposeful activity that could be achieved during each day. The booking system involved several stages and multiple communication routes which sometimes led to either double bookings or no-one attending. The booking system appears more complex than other prisons and should be looked at to maximise attendance and opportunity.

## HMIPS Standard 6 Purposeful Activity – Continued

There was good evidence of support provided by prison staff, Learning Centre staff and partner agencies to young men/women who disclosed an additional needs. There were examples where Learning Centre staff had established good relationships with young men/women utilising an effective learner centred approach. Tutors would also meet individuals in the residential halls who were not yet ready to attend Learning Centre activities. It was pleasing to see that a few young men/women had studied advanced level qualifications, such as Highers and Open University programmes. The prison library was well run by an officer who ensured that there was equal access, with each residential area offered time slots throughout the week. Young men/women and were able to browse before picking something to read or watch. The library offered a wide range of books including audio books and also a selection of texts in foreign languages. There was also a good selection of DVDs, a few magazines, puzzles and other in-cell activities. Disappointingly the young men/women had no access to resources from the local library or inter-library loans due to the prison being refused a service level agreement with its local authority on the grounds that it is a national institution.

Although the regime timetable indicated that all prisoners were being offered the opportunity of one hour per day in the fresh air this was not taking place in all areas. Despite having to run two regimes in Blair House women were still afforded one hour's access to fresh air per day. However, this was not always the case in the young men's residential areas where most areas were receiving 45 minutes per day which is a breach of Prison Rule 87(1) and their human right. The number of enemies was cited as one reason for lack adherence to Rule 87(1) with one example being in the under 18 section which held four children, they could not all go out together. Uptake for early morning access to fresh air was minimal due to the time and also the process where young men had to tell the officer at the morning safety check and thereafter not allowed to change their minds. It was reported that offence and non-offence protections were less likely to take fresh air due to abuse from mainstream prisoners.

The Chaplaincy Team provided worship opportunities for the majority of the population within the prison and were able to support a range of other faiths by ensuring that any material or articles required to practice a particular faith were available. However, there were no religious services at the weekends.

## HMIPS Standard 6

### Purposeful Activity – Continued

Visits ran well, were generally held over 45 minutes, with ample opportunity to book a visit, however there were low numbers of young men utilising visits during the week. There was a visitors' waiting area, run by CrossReach, who supported and assisted visitors daily with some useful information on a TV loop. Staff treated all visitors with dignity and respect and were very informative and welcoming. The visit room itself was adequate if somewhat austere, but the play area was well stocked with toys for children visiting. Sadly, the tea facility had been replaced by vending machines, so hot drinks were no longer available. The prison did accommodate double visits where appropriate. However, as the prison does not mix young men and women the second half of the visit was moved to the closed visit area, albeit the screens were down. This was not conducive to a positive experience and consideration should be given to individuals and their family remaining within the visits room particularly when the visit room is largely empty. Virtual visits were available with five stations for each session and were well used.

Cultural events and children's parties had taken place over the previous eight months. There was an extensive range of activities and skills-based input assisted by extremely effective close collaboration between the prison and partner organisations offering a number of therapeutic programmes. Whilst there was a personal officer scheme in place, it was apparent from a residential perspective that little training had been provided to carry out the role effectively. The ICM department took on most of the responsibilities and this was causing a disconnect between functions.

#### Summary of good practice and recommendations:

**Recommendation 47:** HMP YOI Polmont should ensure that all young men/women are put forward to the Prison Allocation Board to allow them to gain a wider range of skills and experience.

**Recommendation 48:** HMP YOI Polmont should ensure that the rotation of work parties happens to provide prisoners with access to a variety of employment opportunities.

**Recommendation 49:** HMP YOI Polmont should review the booking system to allow for maximum attendance at purposeful activity.

**Recommendation 50:** HMP YOI Polmont should ensure that the benefits of physical and health activities are promoted in the gymnasium as well as other areas of the prison.

**Recommendation 51:** HMP YOI Polmont should as a matter of urgency conduct a full review of enclaves across the prison.

**Recommendation 52:** The regime should be reviewed to ensure the statutory daily one-hour access to fresh air is provided for all young men. If additional exercise yards are required to ensure adequate opportunities, while still separating enclaves, then SPS HQ should fund their construction.

## HMIPS Standard 6 Purposeful Activity – Continued

**Recommendation 53:** HMP YOI Polmont should ensure all young men have the ability to practice their faith without fear of reprisal through enemy status.

**Recommendation 54:** HMP YOI Polmont should review the chaplaincy services available at the weekend.

**Recommendation 55:** HMP YOI Polmont should consider, where double visits are approved for families travelling a distance, that they take place under normal visiting conditions and are facilitated appropriate to any security considerations.

**Recommendation 56:** HMP YOI Polmont should consider mixing prisoner categories on visit sessions to increase uptake.

**Recommendation 57:** Percentage-based routine body searching should be replaced with intelligence-led body searching, especially where it has the potential to impact disproportionately on vulnerable individuals.

**Recommendation 58:** A training package for residential officers tailored to the ICM and core screen process should be delivered. This would allow residential officers to become more involved and provide valuable contributions to the process.

**Recommendation 59:** Information should be widely available on the progression criteria to move to HMP Castle Huntly.

## 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 successfully to their agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.**

### Inspection Findings

#### Overall Rating: Satisfactory

#### Overview

In this standard four quality indicators were rated as satisfactory performance and one rated as generally acceptable giving an overall rating of satisfactory. There were two examples of good practice and two recommendations for improvement.

HMP YOI Polmont demonstrated a constructive focus on community reintegration with particular attention given to pre-release planning and preparation.

Integrated Case Management (ICM) and parole processes were well embedded, monitored, and implemented with appropriate attention given to the Whole System Approach (WSA) for young people. There was continuity in release planning across agencies, including with community-based services.

Meetings were focused on the needs of the individual young man/woman and there was constructive collaboration between prison-based and community-based services.

There was a pervasive culture of respectful and constructive relationships between staff, young people and women alongside effective relationships with external partners.

Interventions were needs based and appropriately focused on development, harm reduction, wellbeing and preparation for release.

HMP YOI Polmont delivered two accredited programmes suitably targeted at the current population but no programmes for sex offenders.

## HMIPS Standard 7

### Transitions from Custody to Life in the Community – Continued

#### **Summary of good practice and recommendations:**

**Good Practice 18:** The GPAs for eligible individuals were completed promptly, giving early indication of treatment needs and contributing positively to sentence planning.

**Good Practice 19:** Staff at HMP YOI Polmont had embraced the responsibility for implementing the WSA for young people. Positive progress had been made in engagement with community-based lead professionals and access to Child's Plans, supporting continuous care for young people.

**Recommendation 60:** SPS HQ should identify and scope delivery of an accredited offence protection treatment programme for young men, particularly for those under 18.

**Recommendation 61:** HMP YOI Polmont should ensure there is continued development with the establishment's reinvigorated role of personal officers in planning and case management, including the PFPs. This would enhance recent positive developments in personal officers' contributions to transition planning for women and continuing care for young men.

### Standard 8 - Organisational Effectiveness

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

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

#### Inspection Findings

#### Overall Rating: Satisfactory

##### Overview

In this standard, three quality indicators were rated as good, four quality indicators were rated as satisfactory performance and one quality indicator was rated as generally acceptable, giving an overall rating of satisfactory performance. There was one example of good practice and one recommendation for improvement.

It was the overwhelming view of the inspection team who had visited HMP YOI Polmont previously that there had been some significant changes in the way the prison was managed. Staff, prisoners and IPMs were of the view that the way the prison had been run since a change in the Governor-in-Charge (GIC) was positive. The GIC and Senior Management Team (SMT) were more visible and approachable, and prisoners and staff felt they were listened to.

Since the arrival of the GIC two years ago, 10 of the previous SMT had moved on. Such a large turnover of managers creates both challenges and opportunities. Experience can be missed, and new managers need time to adjust to their surroundings and responsibilities, but they also bring fresh ideas. It was observed during the inspection that the management team functioned well.

From an Equality and Diversity (E&D) perspective, a review of policies and practices were underway. Although there was still some work to go, the team were on the right track with regards to ensuring all those with protected characteristics were supported. A new E&D meeting format was in place and action plans had been developed.

## HMIPS Standard 8

### Organisational Effectiveness – Continued

HMP YOI Polmont had a robust and effective system for tracking progress against issues raised by scrutiny and oversight organisations. The responsibility for monitoring progress against actions was the Business Improvement Manager (BIM) who carried out his role diligently. However, the HMIPS recommendation tracker was not under the control of the BIM, and we would suggest that it is. Where the prison implemented plans to improve performance, there was clear evidence of progress. Not all staff could articulate the prisons objectives and priorities, but there was good evidence that the way staff carried out their day-to-day tasks supported those they looked after and also the prison's goals. Staff core training competencies were not at the expected level. Although there were some mitigating circumstances such as a lack of instructor availability and staff attendance, the L&D manager had plans in place to address this. Staff's understanding of other roles was sometimes not clear, however there was clear evidence that staff had a working knowledge and were able to sign post prisoners to the right support. Good performance at work was recognised by staff being presented with long service with good conduct awards by the GIC. There was a staff recognition committee who considered submissions from staff via the HR department. Staff absence had dropped dramatically from a high of over 100 per day to under 20. The prison had made substantial efforts to get staff back to work, and for those who were unable they offered support until they could. HMP YOI Polmont had invested a lot of time and energy in mentoring their staff and had recently seen a high proportion of those applying for progressing being successful. This was good practice. The prison was effective in fostering supportive working relationships with an extensive list of internal and external partners.

Prisons for Scotland had worked with the previous incumbent responsible for tracking HMIPS recommendations and had been working through each of the 64 recommendations made in the 2018 report when COVID-19 hit. Apart from some dip testing since COVID-19 restrictions were lifted, there had not been an opportunity to comprehensively review the recommendations. Following the inspection 71 recommendations were considered including seven relating to SPS which the prison were also responsible for. Forty-six were deemed as closed, two partially closed. See Annex x

#### Summary of good practice and recommendations:

**Good Practice 20:** A comprehensive mentoring scheme for those wishing to gain progression to the next level.

**Recommendation 62:** The prison needs to ensure staff core competencies are brought back up to an acceptable level.



## Standard 9 - Health and Wellbeing

### 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.**

#### Inspection Findings

**Overall Rating: Satisfactory**

#### Overview

In this standard, four quality indicators were rated as good, 10 were rated as satisfactory and two were rated as generally acceptable, giving an overall rating of satisfactory. There were 14 examples of good practice and 14 recommendations for improvement.

#### Background

In HMP YOI Polmont's 2018 inspection report, HIS graded Standard 9 as poor and several recommendations were made for NHS Forth Valley to address. Following the inspection, HIS on behalf of HMIPS undertook a series of monitoring activities to assess progress and ensure that concerns had been appropriately addressed. NHS Forth Valley proactively responded to the findings of the report and developed an improvement action plan to rectify the issues raised in the report.

During the 2023 inspection, inspectors saw that the NHS recommendations from the 2018 report had been actioned. This included significant changes to the operational running of the Healthcare Team with a renewed focus on delivering patient-centred and compassionate care.

#### Leadership and governance

In the 2018 inspection report, inspectors had highlighted a culture in which many of the healthcare staff felt vulnerable and unsupported in their role by the healthcare leadership team. In the 2023 inspection, it was observed that the culture had changed with a workforce that had a clear vision for prison healthcare, and staff feeling well trained and supported by the Management Team who they described as being visible and approachable.

Prison healthcare sits within NHS Forth Valley's Primary Care and Prison Directorate. All developments and activities related to the improvement of prison healthcare was monitored and overseen through the Prison Healthcare Oversight and Prison Healthcare Workforce Groups.

## HMIPS Standard 9 Health and Wellbeing – Continued

During the inspection, inspectors were told of plans to increase the population of HMP YOI Polmont. The SPS had not confirmed the number of prisoners, the population mix, or the date of transfer with NHS Forth Valley. The SPS should ensure that they give sufficient notice to NHS Forth Valley of any proposed changes to the prison population in HMP YOI Polmont. This will allow NHS Forth Valley time to identify the health needs of the new population and ensure that they have the right resource and staffing required to support people to receive the right healthcare provision.

### Primary care

There were good systems and processes in place for health screening of admissions and transfers to HMP YOI Polmont. Screening was carried out by skilled and competent Registered Mental Health Nurses (RMNs) using a validated health screening tool, information from this was recorded in the electronic Vision system. Following screening, people who were assessed as requiring further follow up were assigned to the Healthcare Team to be actioned the following day. All patients admitted to HMP YOI Polmont were provided with primary care and mental health patient information leaflets, which were in easy-to-read format appropriate for patients with literacy challenges.

The healthcare service in HMP YOI Polmont was delivered using GPs, Advanced Nurse Practitioners (ANP) and nurse-led clinics and was supported by an out-of-hours GP service. Referral forms were available in the residential areas for people to self-refer to healthcare. Although inspectors saw that these were in easy read format with pictures, the forms were not readily available in different languages. However, inspectors were told by healthcare staff that they could be obtained in different languages on request. It was encouraging to see the Health and Wellbeing information and current clinic waiting times being shared through televisions located in patient cells, which was good practice.

The national issue of late arrivals into prisons because of late courts and transport issues with GEOAmev remain an issue with HMP YOI Polmont. This was escalated to the Scottish Government previously along with missed appointments due to GEOAmev transport issues.

A clinical pharmacist had recently been appointed to join the Pharmacy Team at HMP YOI Polmont. A work plan had been developed to support the pharmacist to develop the clinical pharmacy service and review medicine management processes at the prison. The last medicine was administered late afternoon. This meant that some medications were administered out with therapeutic times. NHS Forth Valley and the SPS should continue to work together to ensure that medications are administered at their therapeutic time.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Mental Health

Processes were in place at admission for identifying patients requiring access to mental health services. All assessments were undertaken using validated tools. Referrals were triaged daily, and patients were seen within 48 hours if urgent, and within five days for a routine triage referral. Patient referrals were part of the discussions at the weekly Clinical Team Meeting (CTM).

Inspectors attended both the CTM and the Substance Use and Recovery Team (SRT) meeting during the inspection and found that a high number of the same patients were being discussed at both meetings. There was no mechanism in place to share insights and progress of the plan of care from each team. This could delay decisions in care planning and treatment for patients and hinder decision-making regarding planned interventions. A weekly Mental Health Multidisciplinary Team Meeting was also held to discuss complex patients. Inspectors observed the weekly wider cross organisational multidisciplinary team meeting and saw this supported the delivery of person-centred and co-ordinated care and support.

Inspectors saw that patients were fully involved in their assessment and had the opportunity to discuss the purpose and outcome of the assessment. The patient care plans reviewed were comprehensive and well completed with individual person-centred outcomes and had been jointly developed with the patient to reflect their goals.

There was a process in which a mental health nurse was allocated daily TTM case conferences, including updating associated documentation. During observations of case conferences, inspectors saw patients were treated with care and compassion as well as observing effective risk management planning between the SPS and NHS staff.

### Substance misuse

Patients requiring support with drug and/or alcohol dependence were identified at health screening during core hours using a validated screening tool. The outcome of the assessment was documented on Vision. Care plans were seen to be person-centred and outcome-focussed, reflecting the support needs required. There was evidence of patient involvement in writing their care plans which were regularly reviewed, monitored and updated by the patient and their caseworker.

There could be delays for people wanting to commence Opiate Substitution Therapy (OST). This was because part of the clinical pathway for commencing treatment was that the patient would have to undergo a Clinical Opiate Withdrawal Scale (COWS) assessment and there could be a wait for this assessment due to other work commitments. Delays in commencing treatment could mean patients experiencing withdrawals for a longer period of time.

## HMIPS Standard 9 Health and Wellbeing – Continued

Unlike the Alcohol and Drug Partnerships in NHS Forth Valley, there were no clinical prescribing guidelines in place for the prison. HMP YOI Polmont would benefit from having clear prescribing guidance within SRT to enable teams to safely and effectively prescribe treatment in order to improve treatment programmes. The team leader was in the initial stages of drafting clinical guidance for the prisons in NHS Forth Valley as a priority, and this should be progressed.

At the time of the inspection, there was no mechanism to share insights and progress of the plan of care from each Healthcare Team. This could potentially delay decisions in care planning and treatment and hinder decision-making regarding planned interventions. This could also lead to a duplication in work and increased workload for staff.

### **Long-term conditions, palliative and end of life care**

Patients with long-term conditions were identified as part of the admission health screening process. Care plans were person-centred and outcome-focused and jointly developed with the patient. HMP YOI Polmont had link nurses in place for some long-term conditions including palliative care and had developed links to community services to help support the management of patients with long-term conditions. A long-term conditions nurse had recently been appointed to support the care of patients with long-term conditions in the prison.

### **Infection, prevention and control**

Areas where healthcare was delivered were in a good state of repair and were clean. During the inspection, inspectors found the clinical equipment was clean and ready for use. Evidence was seen of a rolling programme of audits in place covering several aspects of infection prevention and control. Staff could access infection control information and were knowledgeable regarding standard infection control precautions. There were adequate supplies of Personal Protective Equipment (PPE). Inspectors identified an issue with the correct chlorine releasing product not being used on sanitary fittings, and that disposable mop heads were not being used in line with guidance.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Summary of good practice and recommendations:

**Good Practice 21:** All new patients in HMP YOI Polmont are provided with primary care and mental health patient information leaflets on admissions. These leaflets were developed by the MDT teams with support from the speech and language therapist and were easy to read versions.

**Good Practice 22:** Healthcare Assistants visit prisoners following admission to provide further information on how to access healthcare and discuss any health screening information.

**Good Practice 23:** The primary care team leader reviewed the upcoming secondary care appointments with the support of a GP or ANP, if required, to identify which appointments should be prioritised. Those appointments that needed prioritised were discussed with HMP YOI Polmont staff to see if they could support transport to the appointment, if GEOAmev were unable to do so

**Good Practice 24:** Health and wellbeing information and current clinic waiting times are shared through televisions located in patient cells.

**Good Practice 25:** Injectable and nasal naloxone kits and training remained available to patients through pre liberation appointments with the SRT.

**Good Practice 26:** A long-term conditions nurse had recently been appointed to support the care of patients with long-term conditions in HMP YOI Polmont.

**Good Practice 27:** Those patients identified as having difficulty with their activities of daily living or identified as frail through screening, had further assessments in NHS Forth Valley's assessment and care plan booklet completed. Assessments completed include BRADEN skin assessment and MUST (Malnutrition Universal Screening Tool).

**Good Practice 28:** The team leader had linked in with the MAT MIST in preparation for implementing the MAT standards. There was ongoing work to develop the SRT service across the three prisons in NHS Forth Valley with the aim to ensure a consistent approach to care and adherence with the MAT standards.

**Good Practice 29:** Peer mentors were in the process of being reintroduced to support and advise patients on dental health. The training received by the peer mentors will lead to a NES qualification.

## HMIPS Standard 9 Health and Wellbeing – Continued

**Good Practice 30:** The prison had a patient engagement co-ordinator who facilitated focus groups and drop-in clinics/engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.

**Good Practice 31:** Inspectors were told that there was a clear escalation process in place for any staffing issues, and an on-call rota was in place to cover the weekend to support staff with operational issues, including staffing.

**Good Practice 32:** Staff received NHS Forth Valley as well as prison specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.

**Good Practice 33:** Team leaders had introduced Friday afternoon fun activities and end of the month lunches, which all healthcare staff were encouraged to attend after the lunchtime handover. These initiatives were designed to support team working and wellbeing.

**Good Practice 34:** Feedback from patients was gathered using complaint or feedback forms. The prison had a patient engagement co-ordinator who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.

**Recommendation 63:** HMP YO1 Polmont and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.

**Recommendation 64:** NHS Forth Valley should develop a SOP for people arriving to custody who are unfit to remain.

**Recommendation 65:** NHS Forth Valley should ensure referral forms are available in the most common languages spoken in HMP YO1 Polmont.

**Recommendation 66:** HMP YO1 Polmont and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

**Recommendation 67:** NHS Forth Valley should review how patients who are receiving mental health and support from the Substance Use and Recovery Team are reviewed and managed.

## HMIPS Standard 9 Health and Wellbeing – Continued

**Recommendation 68:** NHS Forth Valley should develop a neurodevelopmental pathway as a priority.

**Recommendation 69:** NHS Forth Valley should ensure that they have clinical prescribing guidelines for their substance use service that aligns to the principles of the MAT standards

**Recommendation 70:** HMP YOI Polmont should ensure that in-cell safes are available and in good working order to ensure patients can store their medication securely.

**Recommendation 71:** NHS Forth Valley should ensure that staff carry out all patient identification checks so that medications are administered safely.

**Recommendation 72:** NHS Forth Valley and HMP YOI Polmont staff should continue to work together to ensure that medications are administered at their therapeutic time.

**Recommendation 73:** NHS Forth Valley and SPS staff should continue to seek a solution to ensure that areas where medications are administered are fit-for-purpose.

**Recommendation 74:** NHS Forth Valley must ensure dental treatment for those patients who were on remand beyond six months is equitable to those who are convicted.

**Recommendation 75:** SPS HQ should ensure that cleaning is carried out in line with national guidance and that cleaning equipment is being used in line with the manufacturer's instructions for use.

**Recommendation 76:** SPS HQ should ensure that they engage and inform NHS Forth Valley regarding any changes to the prison population in HMP YOI Polmont to allow planning time.

## Annex A

### Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
<b>Standard 1 – Lawful and Transparent Custody</b>		
1	1.2	HMP YOI Polmont should ensure that the televisions in Reception are fixed to restore the information channel to the holding rooms.
2	1.5	SPS HQ should consider how to streamline the decision-making process for the appropriate allocation of transgender prisoners to minimise time spent in isolation from the prison population.
3	1.8	HMP YOI Polmont should ensure that a core screen is completed for all new admissions.
4	1.8	HMP YOI Polmont should ensure that protection young men and non-English speakers receive a full induction.
5	1.8	HMP YOI Polmont should consider whether the length and content of the women's induction meets the needs of the population, to improve participation.
6	1.8	SPS HQ should update the National Induction Programme slides to include recent operational changes, including in-cell telephony.
7	1.9	HMP YOI Polmont should consider the reintroduction of routine exit interviews to increase its understanding of the experiences of those leaving its custody.
<b>Standard 2 – Decency</b>		
8	2.1	HMP YOI Polmont should develop a process for all cellular accommodation to be painted to maintain a reasonable standard of décor throughout.
9	2.1	SPS HQ should consider further investment in Electro Chromatic doors for safer cells throughout the prison estate.
10	2.1	HMP YOI Polmont should ensure as a matter of urgency that there is a safe in every cell and in good working order.
11	2.1	HMP YOI Polmont should undertake a programme of replacement of damaged flooring throughout the establishment.
12	2.2	HMP YOI Polmont should ensure that cleaning equipment should be colour coded to ensure there is no cross contamination.
13	2.2	HMP YOI Polmont should ensure that those working in the pantries adhere to all food hygiene processes, to ensure food is protected from contamination and to use the utensils available.



- 14 2.3 HMP YOI Polmont should implement a timetable for purchase and replacement of mattresses.
- 15 2.3 Residential areas in HMP YOI Polmont should proactively adhere to the timetable for exchange and laundering of all duvets, every quarter.
- 16 2.3 HMP YOI Polmont should undertake a person-centred assessment of the requirement for cell adaptation during first period in custody and make the appropriate arrangements to ensure that a young man\ women has been catered for.
- 17 2.4 HMP YOI Polmont should offer young men showers at times that do not coincide with their recreation periods.
- 18 2.5 HMP YOI Polmont should ensure that all Young Men /Women have clothing that is suitable for use in inclement weather.
- 19 2.6 HMP YOI should introduce social dining to all residential areas of the prison.
- 20 2.6 The Catering Manager or Catering Representative should routinely attend all food focus group meetings.
- 21 2.6 Catering Staff should routinely attend the residential pantry to observe the meals being issued, to ensure that food hygiene standards are being met and that the presentation of the food is acceptable.
- 22 2.6 Chips should be offered less often as an alternative to a healthier option. For example, curry should only be offered with rice rather than with rice or chips.

### Standard 3 – Personal Safety

- 23 3.1 HMP YOI Polmont should ensure that all staff are appropriately trained in the mandatory core requirements for Talk To Me.
- 24 3.3 The HMP YOI Polmont pilot appears to be a robust process for direct action after a violent incident. However, this should be extended to capture those individuals who are demonstrating potential risk factors which may lead to subversive, aggressive or violent behaviours.
- 25 3.3 HMP YOI Polmont should ensure that after the review of PR2 'enemies' and 'keep separate' risk markers is completed, an ongoing process is entrenched which ensure continual review to minimise the impact on open access to all young people for all activities across the prison.
- 26 3.4 HMP YOI Polmont should identify a senior manager to lead a review of the Bullying Strategy and retain ongoing oversight of the applications of the strategies processes.

- 27 3.5 HMP YOI Polmont should identify a senior manager to lead on embedding a support system which is fit for purpose in identification of everyone potentially being bullied and implementing a robust referral system to the appropriate support network.
- 28 3.6 HMP YOI Polmont must ensure that priority is given to mandatory core role training which is for the welfare of both prisoners and staff.
- 29 3.6 HMP YOI Polmont should review the First Aid trained staff position and ensure that sufficient cover of trained staff is available at all times.
- 30 3.6 HMP YOI Polmont should ensure that the appropriate number of staff are recruited and trained to fulfil all incident management requirements, without individuals holding dual roles.
- 31 3.6 HMP YOI Polmont should expedite the business case for replacing missing personal alarms as a matter of utmost urgency.
- 32 3.6 SPS should review the C&R2 pilot as soon as practical to ascertain moving forward how this integrates with national C&R requirements and Mutual Aid.

#### **Standard 4 – Effective, Courteous and Humane Exercise of Authority**

- 33 4.5 SPS HQ should cease all routine 'strip' searching of young men/women (focussing instead on intelligence led body searching and use of other means of detection).
- 34 4.5 HMP YOI Polmont should ensure that property cards are used for all cell searches.
- 35 4.6 HMP YOI Polmont should put in place a system that can evidence if a valuables bag had been opened and resealed.
- 36 4.7 HMP YOI Polmont should ensure that Duty Managers complete weekly audit checks of the Escort Approval Certificates.
- 37 4.8 HMP YOI Polmont should provide an area to locate young men within Iona House who cannot provide a sample at that time to allow them the allocated time, as per prison policy.

#### **Standard 5 – Respect, Autonomy and Protection against Mistreatment**

- 38 5.2 HMP YOI Polmont should ensure that all staff wear their name badge.
- 39 5.3 Data protection privacy statements should be displayed on all halls and in the languages of those spoken in the hall.
- 40 5.5 HMP YOI Polmont should ensure that an update on actions from PIACs are communicated to all young men/women.
- 41 5.5 HMP YOI Polmont should update the hall induction booklet to provide an explanation of PIACs to new arrivals.

- 42 5.5 SPS HQ should update the national induction slides to include information about PIACs.
- 43 5.6 HMP YOI Polmont should ensure copies of the Prison rules are available on each hall and that young men/women are informed of how to access them.
- 44 5.6 HMP Polmont should review the process for adding £10 to foreign national young men/women's phone allowance to ensure they receive it asap following admission.
- 45 5.7 HMP YOI Polmont should have complaints forms readily available on Monro 1 West.
- 46 5.7 Complaint forms should be available in the language of prisoners present on the hall.
- 47 5.7 The hall induction booklet for Monro needs to be amended to say that young men/women can choose to not discuss a complaint with staff and go straight to a PCF1 if they wish.
- 48 5.8 HMP YOI Polmont should update the hall induction booklets to inform prisoners about the IPM service.

#### **Standard 6 – Purposeful Activity**

- 49 6.1 HMP YOI should ensure that all young men/women are put forward to the Prison Allocation Board to allow them to gain a wider range of skills and experience.
- 50 6.2 HMP YOI should ensure that the rotation of work parties happen so as to provide prisoners with access to a variety of employment opportunities.
- 51 6.2 HMP YOI should review the booking system to allow for maximum attendance at purposeful activity.
- 52 6.4 HMP YOI should ensure that the benefits of physical and health activities are promoted in the gymnasium as well as other areas of the prison.
- 53 6.7 HMP YOI Polmont should as a matter of urgency conduct a full review of enemies across the prison.
- 54 6.7 The regime should be reviewed to ensure the statutory one-hour access to fresh air is provided for all young men daily. If additional exercise yards are required to ensure adequate opportunities for exercise are provided, while still separating enemies, then SPS HQ should fund their construction.
- 55 6.8 HMP YOI Polmont should ensure all young men have the ability to practice their faith without fear of reprisal through enemy status.
- 56 6.8 HMP YOI Polmont should review the chaplaincy services available at the weekend.

- 57 6.9 HMP YOI Polmont should consider where double visits are approved for families travelling a distance, they should take place under normal visiting conditions and should be facilitated appropriately given security considerations.
- 58 6.10 HMP YOI Polmont should consider mixing the visit sessions with different categories to increase uptake.
- 59 6.10 Percentage based routine body searching should be replaced with intelligence led body searching, especially where it has the potential to impact disproportionately on certain groups of particularly vulnerable individuals.
- 60 6.14 A training package for residential officers tailored to the ICM and core screen process should be delivered. This would allow residential officers to become more involved and provide valuable contributions to the process.
- 61 6.14 Information should be widely available on progression criteria to move to HMP Castle Huntly.

#### **Standard 7 – Transitions from Custody to life in the Community**

- 62 7.3 SPS HQ should identify and scope delivery of an accredited offence protection treatment programme for young men, particularly for those under 18.
- 63 7.4 HMP YOI Polmont should ensure there is continued development with the establishment's reinvigorated role of POs in planning and case management, including the PFPs. This would enhance recent positive developments in PO's contributions to transition planning for women and continuing care for young men.

#### **Standard 8 – Organisational Effectiveness**

- 64 8.4 The prison needs to ensure all staff core competencies are brought back up to an acceptable level.

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

- 65 9.1 HMP YOI Polmont and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.
- 66 9.1 NHS Forth Valley should develop a SOP for people arriving to custody who are unfit to remain.
- 67 9.1 SPS and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that those prisoners arriving late into the prison receive a formal health screening assessment.

- 68 9.2 HMP Forth Valley should ensure referral forms are available in the most common languages spoken in HMP YOI Polmont.
- 69 9.2 HMP YOI Polmont and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance. Under the duty of candour, all patients who miss a secondary care must be informed of the reason why, and what actions will be taken to mitigate the risks to the patient as a result of this.
- 70 9.5 NHS Forth Valley should review how patients who are receiving mental health and support from the Substance Use and Recovery Team are reviewed and managed.
- 71 9.5 NHS Forth Valley should develop a neurodevelopmental pathway as a priority.
- 72 9.7 NHS Forth Valley should ensure that they have clinical prescribing guidelines for their substance use service that aligns to the principles of the MAT standards.
- 73 9.8 HMP YOI Polmont should ensure that in cells safes are available and in good working order to ensure patients can store their medication securely.
- 74 9.8 NHS Forth Valley should ensure that staff carry out all patient identification checks so that medications are administered safely.
- 75 9.8 NHS Forth Valley and HMP YOI Polmont staff should continue to work together to ensure that medications are administered at their therapeutic time.
- 76 9.8 NHS Forth Valley and SPS staff should continue to seek a solution to ensure that areas where medications are administered are fit for purpose.
- 77 9.15 HMP YOI Polmont should ensure that cleaning is carried out in line with national guidance and that cleaning equipment is being used in line with the manufacturer's instructions for use.
- 78 9.16 SPS HQ should ensure that they engage and inform NHS Forth Valley regarding any changes to the prison population in HMP YOI Polmont to allow planning time.

## Annex B

### Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
<b>Standard 1 – Lawful and Transparent Custody</b>		
1	1.2	The arrangements to advance new admissions the cost of a vape pack if arriving without sufficient funds.
2	1.2	The use of a locally developed First Night Immediate Needs checklist to ensure critical issues were identified and addressed.
3	1.2	The development of comprehensive, peer-written induction booklets for each area of the prison.
4	1.8	The use of a locally developed core screen and induction process for untried young men/women to ensure their understanding of prison life and the proactive, early referral to support services.
5	1.8	The use of goody bags to incentivise young untried men to attend induction.
6	1.9	Reception has a rack of spare clothing available for those being liberated, including weather-appropriate items.
<b>Standard 2 – Personal Safety</b>		
7	2.1	The décor of the safer cell and provision of access to television for prisoners being managed in the safer cells.
8	2.2	Monro 4 – cleaning store and cell cleaning process.
9	2.2	ICP Officers monthly Infection Control/Cleanliness Inspection, spreadsheet and remedial action by area.
10	2.2	ICP Officers providing cleaning induction to all admissions to HMP YOI Polmont.
11	2.4	HMP YOI Polmont had produced pictorial catalogues for all items available to buy through canteen and sundry, with plans to extend this practice to include pictures of menu choices.
<b>Standard 3 – Personal Safety</b>		
12	3.2	The use of pictorial aids, for notice boards or information booklets to improve prisoner understanding should be expanded to all SPS establishments.

- 13 3.2 The dedicated Inclusion staff were highly motivated to proactively engage with those individuals who required assistance in integration with available regime or activities.
- 14 3.7 The rotation of lead responsible nominee in both monthly and quarterly Health and Safety Inspections.

#### **Standard 4 – Effective, Courteous and Humane Exercise of Authority**

- 15 4.1 The VRR FLM was pro-active in reviewing violent incidents and conducting reviews with staff to support ongoing learning in the application of the new C&R2 techniques. This helped to ensure the safety of all, including young people and women in custody following a violent incident.
- 16 4.2 Multi-disciplinary weekly review meetings pro-actively aimed to minimise an individual's time within the SRU, ensuring progress against the reintegration plans is reviewed.

#### **Standard 5 – Respect, Autonomy and Protection Against Mistreatment**

- 17 5.5 The prisoner suggestion forms giving young men/women the opportunity to put forward items for discussion at future PIACs.

#### **Standard 7 – Transitions from Custody to Life in the Community**

- 18 7.3 The GPAs for eligible individuals were completed promptly, giving early indication of treatment needs and contributing positively to sentence planning.
- 19 7.4 Staff at HMP YOI Polmont had embraced the responsibility for implementing the WSA for young people. Positive progress had been made in engagement with community based lead professionals and access to Child's Plans, supporting continuous care for young people.

#### **Standard 8 – Organisational Effectiveness**

- 20 8.6 A comprehensive mentoring scheme for those wishing to gain progression to the next level.

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

- 21 9.1 All new patients in HMP YOI Polmont are provided with primary care and mental health patient information leaflets on admissions. These leaflets were developed by the speech and language therapist and were easy to read versions.
- 22 9.2 Healthcare Support Workers visit prisoners following admission to provide further information on how to access healthcare and discuss any health screening information.
- 23 9.2 The primary care team leader reviewed the upcoming secondary care appointments with the support of a GP or ANP, if required, to identify which appointments should be prioritised. Those appointments that needed prioritised were discussed with HMP YOI Polmont staff to see if they could support transport to the appointment, if GEOAmev were unable to do so.

- 24 9.3 Health and wellbeing information and current clinic waiting times are shared through televisions located in patient cells.
- 25 9.3 Injectable and nasal naloxone kits and training remained available to patients through pre liberation appointments with the SRT.
- 26 9.6 A long-term conditions nurse had recently been appointed to support the care of patients with long-term conditions in HMP YO1 Polmont.
- 27 9.6 Those patients identified as having difficulty with their activities of daily living or identified as frail through screening, had further assessments in NHS Forth Valley's assessment and care plan booklet completed. Assessments completed include BRADEN skin assessment and MUST (Malnutrition Universal Screening Tool).
- 28 9.7 The team leader had linked in with the MAT MIST in preparation for implementing the MAT standards. There was ongoing work to develop the SRT service across the three prisons in NHS Forth Valley with the aim to ensure a consistent approach to care and adherence with the MAT standards.
- 29 9.9 Peer mentors were in the process of being reintroduced to support and advise patients on dental health. The training received by the peer mentors will lead to a NES qualification.
- 30 9.13 The prison had a patient engagement coordinator who facilitated focus groups and drop-in clinics / engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.
- 31 9.16 Inspectors were told that there was a clear escalation process in place for any staffing issues, and an on-call rota was in place to cover the weekend to support staff with operational issues, including staffing.
- 32 9.16 Staff received NHS Forth Valley as well as prison specific induction. New staff were given a four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.
- 33 9.16 Team leaders had introduced Friday afternoon fun activities and end of the month lunches, which all healthcare staff were encouraged to attend after the lunchtime handover. These initiatives were designed to support team working and wellbeing.
- 34 9.17 Feedback from patients was gathered using complaint or feedback forms. The prison had a patient engagement coordinator who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.



## Annex C

### Summary of Ratings

Standard/QI	Standard Rating/QI Rating
<b>Standard 1 – Lawful and Transparent Custody</b>	<b>Satisfactory</b>
QI 1.1	Satisfactory
QI 1.2	Satisfactory
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Generally Acceptable
QI 1.9	Satisfactory
<b>Standard 2 – Decency</b>	<b>Generally Acceptable</b>
QI 2.1	Generally Acceptable
QI 2.2	Good
QI 2.3	Generally Acceptable
QI 2.4	Generally Acceptable
QI 2.5	Satisfactory
QI 2.6	Poor
<b>Standard 3 – Personal Safety</b>	<b>Generally Acceptable</b>
QI 3.1	Satisfactory
QI 3.2	Good
QI 3.3	Generally Acceptable
QI 3.4	Generally Acceptable
QI 3.5	Poor
QI 3.6	Poor
QI 3.7	Satisfactory

<b>Standard 4 – Effective, Courteous and Humane Exercise of Authority</b>	<b>Satisfactory</b>
QI 4.1	Good
QI 4.2	Good
QI 4.3	Satisfactory
QI 4.4	Satisfactory
QI 4.5	Generally Acceptable
QI 4.6	Satisfactory
QI 4.7	Satisfactory
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Satisfactory
<b>Standard 5 – Respect, Autonomy and Protection Against Mistreatment</b>	<b>Satisfactory</b>
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Satisfactory
QI 5.4	Satisfactory
QI 5.5	Generally Acceptable
QI 5.6	Generally Acceptable
QI 5.7	Generally Acceptable
QI 5.8	Satisfactory
<b>Standard 6 – Purposeful Activity</b>	<b>Satisfactory</b>
QI 6.1	Satisfactory
QI 6.2	Generally Acceptable
QI 6.3	Satisfactory
QI 6.4	Satisfactory
QI 6.5	Satisfactory
QI 6.6	Satisfactory
QI 6.7	Poor
QI 6.8	Satisfactory
QI 6.9	Satisfactory
QI 6.10	Generally Acceptable
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Generally Acceptable
QI 6.15	Satisfactory

<b>Standard 7 – Transitions from Custody to Life in the Community</b>	<b>Satisfactory</b>
QI 7.1	Satisfactory
QI 7.2	Satisfactory
QI 7.3	Satisfactory
QI 7.4	Generally Acceptable
QI 7.5	Satisfactory
<b>Standard 8 – Organisational Effectiveness</b>	<b>Satisfactory</b>
QI 8.1	Satisfactory
QI 8.2	Good
QI 8.3	Satisfactory
QI 8.4	Generally Acceptable
QI 8.5	Satisfactory
QI 8.6	Good
QI 8.7	Good
QI 8.8	Satisfactory
<b>Standard 9 – Health and Wellbeing</b>	<b>Satisfactory</b>
QI 9.1	Satisfactory
QI 9.2	Satisfactory
QI 9.3	Good
QI 9.4	Good
QI 9.5	Satisfactory
QI 9.6	Good
QI 9.7	Generally Acceptable
QI 9.8	Generally Acceptable
QI 9.9	Satisfactory
QI 9.10	Not Applicable
QI 9.11	Satisfactory
QI 9.12	Satisfactory
QI 9.13	Satisfactory
QI 9.14	Satisfactory
QI 9.15	Satisfactory
QI 9.16	Satisfactory
QI 9.17	Good

## Annex D

### Prison Population Profile on 21 July 2023

Status	Number of prisoners	%
Untried Male Adults	0	0
Untried Female Adults	20	7
Untried Male Young Offenders	114	42
Untried Female Young Offenders	3	1
Sentenced Male Adults	0	0
Sentenced Female Adults	35	13
Sentenced Male Young Offenders	98	36
Sentence Female Young Offenders	1	3
Recalled Life Prisoners	6	1
Convicted Prisoners Awaiting Sentencing	25	10
Prisoners Awaiting Deportation	3	1
Under 16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	2	1

Sentence	Number of prisoners	%
Untried/ Remand	137	50
0 – 1 month	0	0
1 – 2 months	0	0
2 – 3 months	0	0
3 – 4 months	2	1
4 – 5 months	0	0
5 – 6 months	0	0
6 months to less than 12 months	14	5
12 months to less than 2 years	37	14
2 years to less than 4 years	29	10
4 years to less than 10 years	39	14
10 years and over (not life)	0	0
Life	13	5
Order for Lifelong Restriction (OLR)		0

Age	Number of prisoners	%
<b>Minimum age:</b>	<b>16 years</b>	
Under 21 years	175	66
21 years to 29 years	49	18
30 years to 39 years	26	9
40 years to 49 years	15	5
50 years to 59 years	5	2
60 years to 69 years	1	3
70 years plus	0	0
<b>Maximum age:</b>	<b>68 years</b>	
<b>Total number of prisoners</b>	<b>271</b>	

## Annex E

### Recommendations Update from 2018 Inspection

Standard 1 - Lawful and Transparent Custody	Evidence	Open/Closed
Overall Rating - Good		
1.2 HMP YOI Polmont consider introducing secure televisions with information loops into the waiting areas.	Secure televisions had been installed in the waiting rooms, however these were not working at the time of the inspection.	Open
1.7 HMP YOI Polmont should ensure that the process identified in the SOP to inform convicted prisoners of their EDL within 24 hours of admission should be adhered to at all times.	The process in place to achieve this appears robust and there was no evidence to suggest any unnecessary delays in prisoners receiving their liberation slips.	Closed
1.8 We recommend that induction attendance is actively promoted or considered compulsory for all young people, women and girls entering the establishment unless there are compelling reasons otherwise.	Induction attendance amongst young people was actively promoted and well-incentivised for the male and remand mainstream populations. While attendance was not full, it was satisfactory overall, with many of those choosing not to attend having completed induction on a previous stay in custody. Attendance amongst women was unsatisfactory, and provision for non-English speakers and protection prisoners required more input. This was addressed specifically within new, updated recommendations.	Closed
1.8 HMP YOI Polmont should ensure that protection prisoners receive a full induction.	Protection prisoners continued to be offered a limited induction on the hall rather than a full induction.	Open
1.8 HMP YOI Polmont should ensure comprehensive information sheets are available in the most common languages.	Information sheets and foreign language copies of the national induction programme were available.	Closed

<p><b>Escalated Recommendation:</b> The Scottish Government should look to remove the discriminatory practice and introduce automatic and appropriate financial support to under 18s on release from prison.</p>	<p>This was met as all prisoners now receive a liberation grant.</p>	<p>Closed</p>
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Standard 2 - Decency	Evidence	Open/Closed
<p>Overall Rating - Generally Acceptable Performance</p>		
<p>2.2 HMP YOI Polmont should encourage staff to address cell damage proactively, via the cell certification process, by immediately challenging individuals who damage/vandalise cells.</p>	<p>In the cells I checked, I did not observe any visible damage or excessive graffiti.</p>	<p>Closed</p>
<p>2.2 HMP YOI Polmont should encourage prisoners to only place posters on the poster boards within their cells.</p>	<p>There were no cells that had poster boards, it would appear that they have been removed since the last Inspection. No cell inspected had offensive or excessive posters or pictures.</p>	<p>Closed</p>
<p>2.2 HMP YOI Polmont should ensure that daily cleaning schedules are completed on a daily basis and signed by staff to evidence that daily assurance checks are being conducted.</p>	<p>Daily cleaning schedules were in place, with oversight by the ICP Work Party Officers.</p>	<p>Closed</p>
<p>2.4 HMP YOI Polmont should revise their canteen system to eliminate the opportunity for prisoners to observe each other's financial information.</p>	<p>Did not observe canteen being delivered.</p>	<p>Open</p>

<p>2.4 HMP YOI Polmont should ensure signed sheets are returned to the canteen and securely stored for audit purposes.</p>	<p>Did not observe canteen being delivered.</p>	<p>Open</p>
<p>2.4 HMP YOI Polmont should ensure that prisoners are able to request access to shower facilities out with 07:00.</p>	<p>Each area has a different approach to facilitating shower, although in some areas, young men are required to utilise their recreation period to access a shower. The SRU operate an early morning "request" process – but the showers are facilitated throughout the day, and rotated so that it is not always the same person who has to go first.</p>	<p>Closed</p>
<p>2.6 HMP YOI Polmont must ensure there is a process in place to ensure that all prisoners are served their choice of meal.</p>	<p>Menus circulated weekly, for the fortnight in advance. Many young men elect not to complete.</p>	<p>Closed</p>
<p>2.6 HMP YOI Polmont should review the menu choices to provide a greater level of healthy menu choices.</p>	<p>This remains an issue, with healthy choice competing with 'chips'.</p>	<p>Open</p>
<p>2.6 HMP YOI Polmont should ensure that the food service routine follows the process laid out in hall regime plans and the catering SOP.</p>	<p>Food was served at an appropriate time for both lunch and tea meal.</p>	<p>Closed</p>
<p>2.6 HMP YOI Polmont should encourage catering staff to attend hall food service areas on a regular basis to check compliance with food hygiene requirements and observe food quality at the point of service.</p>	<p>This was highlighted again as a recommendation in this inspection.</p>	<p>Open</p>



2.6 HMP YOI Polmont should ensure that where a prisoner is provided with a hot meal for consumption within their cell in line with religious guidelines, items should be provided in separate containers.	Not observed during inspection.	Open
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<b>Standard 3 – Personal Safety</b>  <b>Overall Rating - Good</b>	<b>Evidence</b>	<b>Open/Closed</b>
3.1 The SPS should consider whether additional staff are required for HMP YOI Polmont to manage surges of prisoners on TTM in this vulnerable population.	The significantly reduced population within HMP YOI Polmont prevents any real surge which could not be effectively managed with the current staffing complement.	Closed
3.1 The SPS should consider making access to media in a safer cell a default position, and only removed it if it is considered detrimental to mental health by staff.	All safer cells contained an integrated television behind a secure plastic cover. The individual case conferences decided on whether the individual had access to the control or call staff for changing channel.	Closed
3.1 The SPS should clarify the definition of a safer cell to allow establishments to consistently offer a safe environment in which to support those that are in crisis.	No evidence of the definition of a safer cell.	Open
3.1 HMIPS suggest that reducing self-harm and suicide be prioritised as a single point of focus in the risk register or annual delivery plan, in the light of the recent increase in the number of incidents.	On ADP.	Closed

<p>3.1 Out with Scotland, in-cell telephony has had a demonstrable effect in reducing self-harm; it allows victims to speak to family/friends and self-help and advice lines in private and out with normal hours. HMIPS recommend that the Scottish Government and the SPS introduce this facility in HMP YOI Polmont to help support prisoners who feel vulnerable. HMIPS welcomed the use of Samaritans mobile phones for young people and women to access during the night and lock up periods.</p>	<p>SPS/SG - This has been met as all residents have access to in cell telephony and a number to call Samaritans.</p>	<p>Closed</p>
<p>3.2 When the 'Think Twice policy' is launched, HMP YOI Polmont should ensure that all prisoners have access to this information, and not rely on induction.</p>	<p>HMP YOI Polmont are piloting a new Violence Restraint Reduction policy which shows initial signs of being a robust toll for challenging violent or threatening/abusive behaviours. The Bullying strategy mirrors this however, requires greater senior management oversight to ensure consistent application.</p>	<p>Partially Closed</p>
<p>3.4 HMP YOI Polmont should ensure that all incidents of bullying are recorded on PR2, regardless of whether they were managed formally or informally or reported to intelligence.</p>	<p>All reported incident of bullying are capture by the IMU who, in turn, notify the Residential FLM of the area. However, it is not clear that all incidents are being recorded and reported appropriately.</p>	<p>Closed</p>

3.5 Inspectors noted that the number of restorative justice interventions had reduced in the last year and recommend that this successful initiative is reinvigorated.	The restorative justice log had 122 individuals recorded as participating this year alone.	Closed
3.6 HMP YOI Polmont should look at a strategy to further reduce the use of the radio for non-essential communication.	During the inspection there was no known inappropriate use of the radio system.	Closed

Standard 4 - Effective, Courteous and Humane Exercise of Authority	Evidence	Open/Closed
<b>Overall Rating - Satisfactory</b>		
4.1 Head of Operations should check and sign that all Use of Force forms are completed and fully compliant.	Operation Unit Manager reviews all Use of Force forms to ensure fully completed and compliant.	Closed
4.1 HMP YOI Polmont should ensure 95% compliance of C&R training as a priority.	C&R 2 met the 95% competent.	Closed
4.2 The SPS should consider options to locate individuals in the SRU when Rule 95 and Rule 41 are not appropriate.	Management of individuals within SRU is much improved with limited time spent in segregation.	Closed
4.5 HMP YOI Polmont should re-enforce the need to use the prisoner property card, so that staff are aware what property is rightfully in use when conducting cell searches.	Still a recommendation this year.	Open

<p>4.5 HMP YOI Polmont should evidence all cell and area searches in line with the searching policy.</p>	<p>Evidence provided regarding regular cell and area searching.</p>	<p>Closed</p>
<p>4.6 At the time of the inspection, sealable bags had been purchased to replace the plastic bags currently used for valuable property. HMP YOI Polmont should ensure this practice is continued and all property cards updated to reflect the sealed bag number.</p>	<p>Valuable property process improved with all secured and in bags with seal numbers.</p>	<p>Closed</p>
<p>4.8 HMP YOI Polmont should provide an area to locate prisoners who cannot provide a sample at that time to allow them the allocated time, as per prison policy.</p>	<p>An issue still exists in IONA hall as a cell is now used for testing with no secure waiting area. Blair House had a dedicated facility.</p>	<p>Closed</p>

<p><b>STANDARD 5- Respect, Autonomy and Protection Against Mistreatment</b></p> <p><b>Overall Rating - Satisfactory</b></p>	<p><b>Evidence</b></p>	<p><b>Open/Closed</b></p>
<p>5.2 HMP YOI Polmont should ensure that all staff wear their name badge.</p>	<p>Still an issue therefore a further recommendation made.</p>	<p>Open</p>
<p>5.2 HMP YOI Polmont should ensure that non-attendance at activities is challenged and individuals are actively encouraged to attend.</p>	<p>Evidence that staff were encouraging prisoners to attend.</p>	<p>Closed</p>

5.3 HMP YOI Polmont should ensure that medical request forms are treated and handled in a confidential manner.	Evidence that medical forms were treated confidentially.	Closed
5.3 Individuals information on Talk to Me should be managed confidentially and should not be identified on the hall board.	TTM paperwork was kept securely behind the staff desk.	Closed
5.5 HMP YOI Polmont should arrange for notice boards to be standardised and kept up to date.	Mostly standardised and lots of helpful and up to date info on them.	Closed
5.5 HMP YOI Polmont should ensure that future impact assessments include involvement of the prison population.	Prisoners were being consulted with regarding change.	Closed
5.5 HMP YOI Polmont should include prisoner representation in the E&D meetings. They should also be given greater senior management focus, with monitoring and tracking of protected characteristics presented at the meeting.	Covered by Calum in standard 8 and came out quite positive.	Closed

<p>5.5 The prison should introduce further mechanisms to enhance participation and accessible information for prisoners. PIACs or equivalent meetings should be held on a regular, systematic basis and an exchange of information should be built in, feeding information from the PIACs into decision-making processes within the prison, and feeding back to prisoners on the outcome of those processes.</p>	<p>PIACs were being held regularly at time of the inspection and the processes around them were good. However there was no feedback to prisoners out with the PIAC on actions taken and the outcome.</p>	<p>Partially closed.</p>
<p>5.6 HMP YO1 Polmont should ensure that Prison Rules are available in all areas and consider developing a range of formats that are more accessible.</p>	<p>Only found on two halls and in the Library. Recommendation made to have on all halls and a sign up to make prisoners aware of where to find them. Not available in a range of formats either.</p>	<p>Open</p>
<p>5.6 HMP YO1 Polmont should find an alternative area for external agencies meeting with prisoners in the agent's visits area; the current practice inhibits the available agent's visits space.</p>	<p>Not an issue. There was sufficient space available in the agents visits area.</p>	<p>Closed</p>
<p>5.7 HMP YO1 Polmont should ensure that complaints paperwork is available in a range of formats with guidance available on how to access.</p>	<p>Complaints forms were available on all halls but not in a range of formats. Not all halls held them in the languages spoken in the halls.</p>	<p>Open</p>

5.7 The typed response to complaints should identify the route to pursue a complaint to the Scottish Public Services Ombudsman, should prisoners be unhappy with the Internal Complaints Committee findings.	The route to the SPSO was on responses and the hall noticeboards.	Closed
5.7 HMP YOI Polmont should ensure advocacy services are available to provide independent support to individuals and young people in particular.	Was not checked.	Open
5.8 IPM paperwork should be available in the most common foreign languages with guidance available on how to access.	Not available.	Open

<b>STANDARD 6 - Purposeful Activity</b>	<b>Evidence</b>	<b>Open/Closed</b>
<b>Overall Rating - Satisfactory</b>		
6.3 HMP YOI Polmont should consider what arrangements in can put in place to address the low numbers of scheduled prisoner numbers attending to help reduce waiting lists.	Overall, the number of prisoners attending purposeful activities and education is low. This is primarily due to the low number of prisoners in the jail compared to the jail capacity. However, the standard operating procedure for allocating and booking prisoner places for work parties, vocational training, the gym and education does not maximise prisoner attendance for the scheduled number of purposeful activity spaces, particularly in education.	Open

<p>6.5 Arrangements for shared working with the local authority should be sufficiently established to provide ready access to local library materials such as book stock rotation and inter-library loans.</p>	<p>The librarian informed us that the local authority would not enter into a service level agreement with the prison as the LA viewed the prison as a national institution. I informed Wendy and I believe she is looking into this. At this point it is not possible for the prison to close off this recommendation due to the stance of the LA.</p>	<p>Open</p>
<p>6.6 Remand prisoners should have full access to the library service.</p>	<p>The current library timetable clearly shows access to the library for all halls that house untried prisoners.</p>	<p>Closed</p>
<p>6.7 HMP YOI Polmont should revise their regime plans to ensure that all prisoners are offered access to time in the open air at a reasonable time every day, out with the time that work parties were operating.</p>	<p>Area of poor practice as described in the report. Do not get 1 hour exercise in the open area.</p>	<p>Open</p>
<p>6.7 HMP YOI Polmont should provide clothing that is sufficiently waterproof to allow access to fresh air during inclement weather.</p>	<p>Jackets provided were not suitable for inclement weather.</p>	<p>Open</p>
<p>6.9 HMP YOI Polmont should amend their visits booking process regarding the management of enemies to ensure equity of access for all prisoners.</p>	<p>Significant number of enemies across the prison which impacts on attendance within the visits hall. If there are 2 enemies in the same hall one would be facilitated that day with the other person having the visit rejected until the following day.</p>	<p>Open</p>
<p>6.9 HMP YOI Polmont should amend their visits timetable to accommodate children's visits at weekends.</p>	<p>Facilitated.</p>	<p>Closed</p>



6.10 HMP YOI Polmont should explore ways in which they can reintroduce the café facility.	Facility removed and vending machines introduced instead.	Open
6.11 HMP YOI Polmont should offer greater access to video link visits to prisoners with families' further afield.	They now offer 5 x virtual visits available on each visit session.	Closed
6.11 HMP YOI Polmont should review the arrangements for double visits to ensure that they can continue uninterrupted within the visit room.	Interruptions are still common due to the number of enemies. Example provided in the inspection report. First hour open conditions and then family moved into a closed visit for the second hour.	Open
6.11 The accumulated visits process should be simplified to reduce the potential for error.	Process in place.	Closed
6.13 Management should look to facilitate a knowledge exchange and means of communication between the parenting staff and FCOs in order that skills learned can be reinforced at visits by FCOs and feedback on behaviour at visits can be given to parenting staff.	Has been actioned.	Closed
6.14 HMP YOI Polmont should increase the number of staff trained in risk and needs assessments.	Only ICM staff group have had the training. Res staff raised this as a concern during inspection.	Open

<b>STANDARD 7 - Transitions from Custody to Life in the Community</b>  <b>Overall Rating - Satisfactory</b>	<b>Evidence</b>	<b>Open/Closed</b>
<p>7.1 HMP YOI Polmont should ensure that people get the right support at the right time, from the right people. A strategic assessment of need should be undertaken to inform the development of a strategic plan to provide governance and co-ordination of partnership working.</p>	<p>Suitable governance and co-ordination of partnership working was evident.</p>	<p>Closed</p>
<p>7.1 The Partners Forum should be re-established to support the effective co-ordination and oversight of external partners and third sector services. (HMIPS has been informed that this has been reinvigorated since the inspection).</p>	<p>Co-ordination and oversight was in place.</p>	<p>Closed</p>
<p>7.1 The personal officer role in facilitating and preparing Positive Future Plans should be subject to ongoing monitoring and quality assurance, to support effective release planning for short-term prisoners.</p>	<p>The 2023 inspection saw evidence of focus of attention and some improvement in this area. However, there is a related 2023 Standard 7 QI 7.4 Recommendation for further improvement – “The Governor should ensure there is continued development with the establishment’s reinvigorated role of personal officers in planning, case management, including the PFPs ...”</p>	<p>Closed</p>

7.3 Good practice in ICMs for community based continued interventions should be considered for adoption in the CIP process.	HMIPS may want to consider that the 2023 recommendation for continued improvement rolls the recommendations from the 2018, 7.1 & 7.4 in to one overall recommendation, and therefore close this 2018 action.	Closed
7.4 In preparation for the CMB, personal officers should be required to provide narrative updates on progress against identified actions via the PR2 system.	Did not see this directly in CIPs, as didn't sample CIPs for this purpose during 2023 inspection. However, ICM observed practice and ICM records indicate this had been adopted. Similarly, the role of personal officers in CIP/planning process has been specifically addressed in the 2023 Recommendation for 7.4.	Closed
7.5 HMP YOI Polmont should ensure that the commissioning and decommissioning of throughcare services in HMP YOI Polmont is informed by a strategic assessment of needs, to ensure that there is equitable access to services and that people get access to the right help, at the right time, from the right people.	As per 7.1 - The 2023 inspection saw evidence of focus of attention and some improvement in this area. However, there is a related 2023 Standard 7 QI 7.4 Recommendation for further improvement – “The Governor should ensure there is continued development with the establishment’s reinvigorated role of personal officers in planning, case management, including the PFPs ...”	Closed

HMIPS Standard 8 - Organisational Effectiveness  Overall rating – Good	Evidence	Open/Closed
8.1 HMP YOI Polmont should actively enhance their monitoring, reporting and recording procedures to ensure that a comprehensive report is prepared for the E&D group to review. The report should consider including measures for all relevant protected characteristics outcomes.	The E&D strategy had been recently refreshed. HMP YOI Polmont were at the early stages of revising the E&D meetings but evidence would suggest that if they continue to develop E&D it would be closed.	Closed
8.4 Equality and Diversity and Human Rights were embedded into the staff training. However, the management should consider increasing the frequency of Human rights training beyond the 10-year refresher.	As above.	Closed
8.4 The SPS College could consider developing online refresher programmes for the HMP YOI Polmont staff and partners in the key areas identified in the enhanced training.	No evidence.	Open

8.6 Given the complex and challenging nature of the establishment, they should consider a wider reward and recognition scheme to celebrate the establishments many initiatives and highly committed staff.	Reward and recognition is now in place.	Closed
8.6 The SPS should consider recognising staff who have 30 years' service.	SPS Recommendation – locally the Governor recognises those with long service.	Closed.

## Annex F

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### Production by the Polmont Youth Theatre called Now What?

Prior to the inspection taking place, I had the privileged of attending a production by the Polmont Youth Theatre (PYT) called Now What?. The PTY was established with the purpose of engaging young people in the arts. It was launched in January 2019 in collaboration with Glass Performance, Barnardo's and SPS staff, and it was the first Youth Theatre to be based within a Performing Arts Centre in a prison.

The concept of the Youth Theatre was developed by Barnardo's, who worked alongside the young men in HMP YO1 Polmont, to undertake a number of focus groups and set up a Steering Group. The Performing Arts Centre was rebranded 'Studio 2, Performing to inspire'. Barnardo's encouraged the young men to engage in sessions to design a drama performance, working together as a collaborative, creating original performances for prisoners' families, their peers and the wider arts and justice community.

PYT is guided by the following core values:

- Collaboration: working together as a group
- Shared Ownership: each young person feels equally invested and that it belongs to everyone.
- Shared Authorship: Each young man feels their voice is represented in the work created, and that each voice has equal value.

Now What? was the sixth production to come from PYT. Accompanied by the Governor, Gerry Michie, prison staff and guests were seated waiting for the performance to begin. The performance started with an introduction to the main characters; four very different individuals on a similar journey from their final exams at school to the summer ahead of them. As the production unfolded it gave the audience a real insight into what it is like for young men on the journey to adulthood, dealing with the pressures of leaving school and trying to succeed.

The story was told through the eyes of the characters, portraying how society viewed them, how they were labelled and judged, not on who they were but on how they looked, mostly in a negative way. The classroom sketch was an example showing a teacher's negative attitude towards them but also how they could be influenced by others into anti-social behaviour.

The production had some strong messages but also some light-hearted moments, including snippets of comedy sometimes involving the audience. One example of this was the revealing of the exam results. Although a serious subject where the results can determine your future, it was portrayed with some comedy in a clever way. The scene depicted a roving reporter and TV crew interviewing pupils as they opened their results. There was a nice cameo role by the Governor where his English results were not as good as expected, to which the reporter replied that he 'wasn't surprised.' However by making it public, it emphasised the how stressful that moment can be, particularly when the results are not what was expected, something I could relate to from many years ago.

The most profound scene for me was when the four actors marked out an outline to what turned out to be police cells. Each box (cell) was the same size, the actors were not. As each actor stood or sat down in their cell it gave a real perspective as to what it would be like to spend time in a small space. The production ended and I have to say the young men were fantastic. However that is not the end of the story.

Words such as profound or inspiring can often be overused. However in this case I have to say that is exactly how I felt, particularly when I found out that the production was based on an original idea by the young men. It contained elements of their own stories, the difficulties they faced as young men and the choices they had to make. I was intrigued to find out more, so asked if I could speak to the four young men during our inspection the following week and was delighted when they agreed.

I met with Connor, Shandy, Campbell and Jack over 'a brew' to discuss how the production had developed and importantly how being involved in drama had affected them. The original idea was developed along with two other young men (no longer in HMP YOI Polmont) within their residential area. There had been a meeting around the next production, but the subject matter was not appealing to them, so they decided to tell their own stories instead. They submitted their plan to the Production Team, which was accepted and *Now What?* was born.

During our chat, the young men spoke highly of the support they had received from Barnardo's, Glass Performance and prison staff. All of them spoke about their personal journeys and how attending the Performing Arts Centre had affected them. It helped build their confidence, self-esteem, to feel like part of a team, and valued, as people listened to their ideas. They also said it had improved their positive engagement with others and developed them into more mature young men.

They were honest in explaining how they had not always portrayed positive behaviours and spoke of the struggles of being young men in prison. Although for some they felt they still had a journey to go on, they all felt positive and a lot of that was down to participating in the drama group. The overwhelming feeling I got from speaking to these young men was hope. Hope that they could turn their lives around. One young man hoped that his experience in drama production at HMP YOI Polmont would lead to a career. It was pleasing to learn that he had been successful in securing a place at his local theatre to study production on his release.

I would like to thank HMP YOI Polmont and Barnardo's for the opportunity to see the production, Glass performance for the support offered to the young men and particularly thanks to Jack, Connor, Shandy and Campbell for telling me their story. I wish them all the luck for the future.

**Calum McCarthy**  
**Inspector of Prisons for Scotland.**

Note: Glass Performance is an award-winning company that has been engaging communities in the arts for over 18 years. Their aim is to create more opportunities for people living in Scotland to access the arts through:

- Producing high quality arts projects and events, creating a platform for the voices and stories of individuals, families and communities to be heard and valued.
- Promoting the view that participating in the arts can have a significant impact on the health and well-being of individuals, families and communities; and
- Creating opportunities to access the arts and to participate in creative activity with others, offering pathways for those that would ordinarily not engage with cultural programming.

Most of their projects are delivered with young people and designed to provide further opportunities in education, community justice and criminal justice through which individuals can express themselves and reach their full potential.

Performing Arts, now known as 'Studio 2' delivers a varied creative based programme with HMP & YOI Polmont to young people in custody, co-ordinated by Barnardo's. The aim of the space is to allow young people to try new experiences they may have not had before and use these to develop crucial skills such as team building, confidence, raising self-esteem, organisational skills and many more. The space allows young people to take ownership and create what they feel the Performing Arts Centre should be. The Creative Arts Learning Hub will provide opportunities for young people within HMP & YOI Polmont to use the arts as a creative catalyst for self-expression and reflection. Thus building confidence and self-esteem, and in the longer term identifying positive routes of progression. As part of this, the SPS and Barnardo's work with many partners to deliver creative based programmes and gain not only these skills but qualifications.

Within the space a range of genres are delivered, including Music Production, MC'in, Decks, Rapping, Drama, Dance etc. Using the arts allows young people to learn new skills, develop confidence build self-esteem and achieve qualifications. The Performing Arts Centre creates a relaxed environment in which young people feel comfortable to learn new things that they might not have had the opportunity to before.



## Annex G

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### Inspection Team

**Wendy Sinclair-Gieben**, HMIPS

**Hannah Ledbury**, SPS, Standard 1

**Roz McCurrach**, SPS, Standard 2

**John Shanks**, SPS, Standard 3

**Stephen Finnie**, SPS, Standard 4

**Kerry Love**, HMIPS, Standard 5

**Ann Kivlin**, Education Scotland, Standard 6

**Ian Beach**, Education Scotland, Standard 6

**Pamela Swan**, SPS, Standard 6

**Mike Hendry**, Care Inspectorate, Standard 7

**Calum McCarthy**, HMIPS, Standard 8

**Cath Haley**, Healthcare Improvement Scotland, Standard 9

**Jamie Thomson**, Healthcare Improvement Scotland, Standard 9

## Annex H

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### Acronyms used in this Report

<b>ADP</b>	Annual Delivery Plan
<b>ANP</b>	Advanced Nurse Practitioner
<b>BBV</b>	Blood Borne Virus
<b>BICSc</b>	British Institute of Cleaning Science
<b>BIM</b>	Business Improvement Manager
<b>CBSW</b>	Community-based Social Work
<b>CCTV</b>	Closed Circuit Television
<b>CD</b>	Compact Disc
<b>CEA</b>	Committed to Ending Abuse
<b>C&amp;R2</b>	Control and Restraint 2
<b>COWS</b>	Clinical Opiate Withdrawal Scale
<b>COPFS</b>	Crown Office and Procurator Fiscal Service
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSRA</b>	Cell Sharing Risk Assessment
<b>CSU</b>	Community Safety Unit
<b>CTM</b>	Clinical Team Meeting
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation
<b>ECR</b>	Electronic Control Room
<b>ECAMHS</b>	Essential Child and Adolescent Mental Health Services
<b>EDF</b>	Equality and Diversity Complaint Form
<b>E&amp;D</b>	Equality and Diversity
<b>ESOL</b>	English for Speakers of other Languages
<b>FCO</b>	Family Contact Officer
<b>FLM</b>	First Line Manager
<b>GIC</b>	Governor-in-Charge
<b>GMA</b>	Governor's and Manager's Action notice
<b>GPA</b>	Generic Programme Assessment
<b>HCSW</b>	Healthcare support workers
<b>HDC</b>	Home Detention Curfew
<b>H&amp;S</b>	Health and Safety

<b>HMCIPS</b>	His Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	His Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	His Majesty's Prison
<b>ICC</b>	Internal Complaints Committee
<b>ICP</b>	Industrial Cleaning Party
<b>ICT</b>	Incident Command Team
<b>IMU</b>	Intelligence Management Unit
<b>IPM</b>	Independent Prison Monitor
<b>IR1</b>	Incident Report Form 1
<b>L&amp;D</b>	Learning and Development
<b>MAPPA</b>	Multi-agency Public Protection Arrangements
<b>MHOT</b>	Mental Health Occupational Therapists
<b>MIST</b>	MAT Implementation Support Team
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NES</b>	NHS Education for Scotland
<b>NPM</b>	National Preventive Mechanism
<b>OLR</b>	Order for Lifelong Restriction
<b>OPCAT</b>	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>OPS</b>	Opiate Substitution Therapy
<b>PAM</b>	Performance Assurance Meeting
<b>PBSW</b>	Prison-based Social Work
<b>PCF</b>	Prisoner Complaint Form
<b>PDP</b>	Personal Development Plan
<b>PER</b>	Personal Escort Record
<b>PFP</b>	Positive Futures Plan
<b>PGD</b>	Patient Group Direction
<b>PIAC</b>	Prisoner Information Action Committee
<b>PICS</b>	Psychological Informed Care Support
<b>PPE</b>	Personal Protective Equipment
<b>PRL</b>	Prison Resource Library
<b>PR2</b>	SPS electronic prisoner records system – version 2
<b>QI</b>	Quality Indicator

<b>ReSPECT</b>	Recommended Summary Plan for Emergency Care and Treatment
<b>RMN</b>	Registered Mental Health Nurse
<b>RMT</b>	Risk Management Team
<b>RRA</b>	Reception Risk Assessment
<b>SaLT</b>	Speech and Language Therapist (SaLT)
<b>SAR</b>	Subject Access Request
<b>SCQF</b>	Scottish Credit and Qualifications Framework
<b>SHRC</b>	Scottish Human Rights Commission
<b>SMT</b>	Senior Management Team
<b>SOP</b>	Standard Operating Procedure
<b>SPICT</b>	Supportive and Palliative Care Indicators Tool
<b>SPOC</b>	Single Point of Contact
<b>SPS</b>	Scottish Prison Service
<b>SPS HQ</b>	Scottish Prison Service Headquarters
<b>SPSO</b>	Scottish Public Services Ombudsman
<b>SQA</b>	Scottish Qualification Award
<b>SRT</b>	Substance Use and Recovery Team
<b>SRU</b>	Separation and Reintegration Unit
<b>SSM</b>	Special Security Measure
<b>TTM</b>	Talk to Me
<b>UoF</b>	Use of Force
<b>WSA</b>	Whole System Approach
<b>WTE</b>	Whole Time Equivalent
<b>WTMD</b>	Walk-Through Metal Detector

# Evidence Report

## Quality Indicators

### **1.1 Upon arrival all prisoners are assessed regarding their ability to understand and engage with the admission process.**

Rating: Satisfactory

As the national facility for young men, HMP YOI Polmont receives admissions from all Scottish courts. It also receives women from other establishments, predominantly from the national female reception centre, HMP Stirling. New admissions were processed according to a comprehensive suite of Standard Operating Procedures (SOPs) that were reviewed annually by operational First Line Managers (FLMs).

The atmosphere in Reception was calm and professional, with staff taking time to ensure new arrivals understood their reason for admission and had the opportunity to ask questions and clarify information at each stage of the admissions process. Officers demonstrated awareness of individual needs and explained how they assessed each young man/woman as to their level of verbal understanding of English and whether they required additional support to read or write. A language chart was on display to support non-English speakers, and although no admissions of foreign nationals were observed, there was evidence that translation services was not always used when required.

Where key dates were simple to calculate, young men/women were informed of them on initial processing of their warrants in Reception. All new admissions or newly convicted people received liberation slips confirming key dates within 24 hours.

At the time of the inspection, HMP YOI Polmont was receiving low numbers of admissions and so inspectors spoke with young men/women from each population, including several foreign national prisoners, about their experiences of the admissions process. Without exception, they reported positive experiences in Reception and highlighted the helpfulness and supportiveness of staff. This was reflected in the pre-inspection survey in which 72% of respondents reported being treated well on arrival, as well as in interactions observed over the course of the inspection.

**Good Practice 1:** The arrangements to advance new admissions the cost of a vape pack if arriving without sufficient funds.

### **1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.**

Rating: Satisfactory

National Prison Induction booklets were available in Reception in a range of languages as well as a copy of the Prison Rules. Noticeboards displayed information in a clear format and a range of leaflets were displayed. The main Reception area was clean and bright, softened by large scenic photographs; in

contrast, the holding rooms were bare and had no decoration on the anti-graffiti walls. The 2018 inspection recommended televisions to be installed in the reception waiting rooms. While televisions had been installed in each room to display information about the prison, these were not working at the time of the inspection; the prison ensured inspectors that this would be addressed immediately.

Staff used time during the searching and processing of property to engage people in conversation, assess their presentation and provide basic information; young men/women were able to get numbers from their mobile phone to complete contact forms. All those 18 or over could obtain an electronic vape in Reception using an advance if they did not arrive with sufficient funds, supporting them until their first canteen order had been received.

All new admissions were given the opportunity to speak with a peer mentor in Reception or, if admitted on protection status or during patrol periods, upon arrival at the hall. Those arriving late at night were seen the following morning. All peer mentors had completed a 12-session accredited qualification and assisted in communicating any safeguarding concerns to staff.

HMP YOI Polmont had developed a local First Night Immediate Needs checklist. Residential officers used it to identify and address acute concerns and ensure new arrivals to the hall received a structured introduction to essential prison rules and the regime. An induction booklet written by young men/women had been developed in each area of the prison; they contained easy to understand language and pictures and were given to new admissions and transfers. The booklets were well-received and referenced by young men/women as guides they repeatedly went back to for information.

Foreign national experiences were mostly positive with regards to receiving information in their own language. One young man was unaware that staff could use a translation service on the hall if required, although reported that officers had helped by translating several forms for him, on occasion without even being asked.

**Good Practice 2:** The use of a locally developed First Night Immediate Needs checklist to ensure critical issues were identified and addressed.

**Good Practice 3:** The development of comprehensive, peer-written induction booklets for each area of the prison.

**Recommendation 1:** HMP YOI Polmont should ensure that the televisions in Reception are fixed to restore the information channel to the holding rooms.

**Recommendation 2:** SPS HQ should consider how to streamline the decision-making process for the appropriate allocation of transgender prisoners to minimise time spent in isolation from the prison population.

### **1.3 Statutory procedures for identification and registration of prisoners are fully complied with.**

Rating: Satisfactory

The identification and registration of young men/women was completed by trained staff supported by comprehensive SOPs. Warrants were checked methodically by

Reception staff and young men/women were informed of the reason they had been admitted to custody. Where key dates were simple to calculate, they were verified by a second member of staff and given immediately in Reception. Staff transferred information from warrants and Prisoner Escort Records (PERs) directly onto PR2 to ensure relevant risk factors were identified and shared.

**1.4 All prisoners are classified and this is recorded on the prisoner's electronic record.**

Rating: Satisfactory

The classification and recording of young men/women on PR2 were supported by a range of detailed SOPs and conducted by trained staff in Reception. All new admissions and those returning from court were seen in private by a nurse. They were interviewed individually by staff to ensure that their personal circumstances were managed in confidence, in an environment in which they could freely share concerns. Reception Risk Assessments were routinely completed, and a selection were assured by a Unit Manager each month to ensure compliance. All new admissions had their photograph taken and uploaded onto PR2. During interactions observed, staff took great care to put new arrivals at ease. Many of the young men/women interviewed reported that they had felt very scared about arriving in prison for the first time, but that staff in Reception had been very helpful and made them feel better.

**Good Practice 4:** The use of a locally developed core screen and induction process for untried young men/women to ensure their understanding of prison life and the proactive, early referral to support services.

**Recommendation 3:** HMP YOI Polmont should ensure that a core screen is completed for all new admissions.

**1.5 All prisoners are allocated to a prison or to a location within a prison dependent on their classification, gender, vulnerability, security risk or personal medical condition.**

Rating: Satisfactory

Young men/women were allocated to a location according to their individual needs, considering their age, classification, gender and risks or vulnerabilities identified during the admissions process. Staff encouraged young men and women to disclose concerns such as any enemies, recorded markers on PR2 and took time to explain why an allocation had been made. Due to low population numbers, HMP YOI Polmont was not experiencing challenges with protection spaces at the time of inspection. However, a waiting list process existed for times where this was the case. During interviews with recent arrivals, young men/women reported feeling involved in decision-making and felt their preferences had been considered fairly by staff. Young men transitioning into the prison from secure centres were proactively managed in advance of transfer and care was evident in the response to their needs upon arrival. (See also QI 8.7)



Concerns were highlighted regarding the allocation of transgender prisoners. While HMP YOI Polmont was observed to be following national transgender policy and risk management processes, the length of time taken to ratify decisions centrally had led to several instances of transgender individuals being held in isolation from the prison population for significant periods. The SPS should consider how to streamline this process.

#### **1.6 A cell sharing risk assessment is carried out prior to a prisoner's allocation to cellular accommodation.**

Rating: Satisfactory

At the time of inspection, HMP YOI Polmont was operating single cell occupation and therefore did not routinely complete the Cell Sharing Risk Assessment (CSRA) process. The women's area, Blair Hall, had experienced a recent temporary population increase during the transition between the closure of HMP YOI Cornton Vale and the opening of HMP Stirling, and had operated cell sharing during this time. There was evidence of use of the CSRA process and management reviews throughout this period and staff were able to explain the process confidently. A robust SOP was available to support staff who did not use the process regularly. The First Night in Custody checklist used for the young men on Monro Hall contained a section on CSRAs to support staff if cell sharing was required.

#### **1.7 Release and conditional release eligibility dates are calculated correctly and communicated to the prisoner without delay.**

Rating: Satisfactory

Reception staff placed warrants onto PR2 and calculated key dates in Reception. Warrants were checked and filed by the Warrants Desk in administration the following morning. Seven out of 12 Reception staff had completed warrants and sentence calculations training, enabling them to verify calculations at the point of admission; this also provided adequate weekend cover. However, it would be beneficial if all staff working in Reception were warrant trained. All young men/women asked confirmed that they were informed of their key dates via a liberation slip within 24-hours. There had been no recent cases of detainee or liberation in error from the prison, however staff were able to identify and communicate appropriate procedures to follow in that circumstance. HMP YOI Polmont is unique in receiving admissions from all courts across Scotland and maintains professional links with outside agencies including the Crown Office and Procurator Fiscal Service (COPFS), facilitating the prison in seeking assistance when necessary. A recent example was provided whereby a court had been contacted to clarify the breakdown of sentences on a warrant.

#### **1.8 All prisoners attend an induction session as soon as practicable, but no later than one week after arrival, which provides a thorough explanation of how the prison operates and what the prisoners can expect, including their rights and obligations.**

Rating: Generally Acceptable

New admissions met with a member of the induction team on their first morning in custody or, if admitted on a Friday, the following Monday. All were offered an induction booklet. Induction staff completed the national core screen for convicted individuals and had developed a local core screen for untried young men/women, which facilitated proactive referrals to relevant services for all new admissions irrespective of classification. Detailed entries were added to PR2 to share information and a tracker was maintained to record outcomes. Records showed that core screens had been completed for only 75% of convicted and only 71% of untried young men/women in the first five months of this year. Some of those not completed were due to admissions returning to court the following day and being released, however a more detailed breakdown was not available.

The prison ran a comprehensive induction programme across four days for both sentenced male, and untried and sentenced female prisoners. Information was conveyed in short, conversational sessions using the National Induction Programme slides. Delivery of the induction also involved partner agencies and activities staff who encouraged interaction to engage young men/women and tailored session length to suit the attention and experience levels of each group. Some of the information on the National Induction Programme slides needed to be updated, including information regarding new in-cell telephony.

The programme began on Monday mornings for young men/women admitted the previous week. Induction was not mandatory; however, they were encouraged to participate and received a wage for attendance. A shortened version of the induction programme was offered on Friday mornings for untried males, who were incentivised to attend by a goody bag. Protection young men and those who did not speak English were offered a face-to-face induction on the hall without the opportunity to visit other areas. According to the pre-inspection survey, only 71% of respondents said they were offered an induction on arrival, although it is important to note the breakdown of specific populations is not known.

Records showed that during the first five months of this year, a total of 48% of new admissions completed induction. This included 77% of untried young males and 52% of convicted young males. Staff reported that attendance was lower amongst those who had been to prison before, who perhaps felt they did not require induction again. The number of female prisoners attending was much lower, just 29% of convicted and 22% of untried women and averaging less than 17% overall, although it is important to note this period included the temporary admission of the HMP YOI Cornton Vale population who would have already been offered induction. HMP YOI Polmont should consider whether the female induction in its current form is meeting the needs of a population who are now all admitted on transfer.

**Good Practice 5:** The use of goody bags to incentivise young untried men to attend induction.

**Recommendation 4:** HMP YOI Polmont should ensure that male offence protection prisoners and non-English speakers receive a full induction.

**Recommendation 5:** HMP YOI Polmont should consider whether the length and content of the women's induction meets the needs of the population, to improve participation.

**Recommendation 6:** SPS HQ should update the National Induction Programme slides to include recent operational changes, including in-cell telephony

### **1.9 The procedures for the release of prisoners are implemented effectively with provision for assistance and basic practical arrangements in place.**

Rating: Satisfactory

HMP YOI Polmont was proactive in supporting young men/women towards the end of their sentence as they prepared for transition back into the community. Pre-liberation support was provided by the employment team and a range of partner agencies, with assurance that all appropriate actions had been taken through consideration of needs assessments completed within a fortnight of release. Pre-liberation case conferences took place for individuals who had been on Talk to Me (TTM) within the six weeks prior to liberation.

Several young men/women with upcoming liberation dates were interviewed and all had received support with accommodation, obtaining ID, opening a bank account, and organising onward travel in advance, according to their needs. They were aware of the liberation process and timings, which had enabled them to plan; this included one individual being collected from the prison by family and another being met by a third sector mentor to assist them in attending community appointments.

During observation, the liberation process was organised, and staff supported those being released by explaining each element of paperwork, checking their understanding, and confirming that the young men/women had arrangements in place to get home. All property and clothing were returned in Reception and opaque black holdalls were provided to those without their own bags. HMP YOI Polmont had a rack of spare clothes and shoes available to those being liberated to ensure all young men/women left with appropriate clothing, including warm winter jackets and raincoats. Individuals were liberated through the front of house.

A template was in place for the Security Team to conduct exit interviews, however this had not been routine practice since the COVID-19 pandemic.

**Good Practice 6:** Reception has a rack of spare clothing available for those being liberated, including weather-appropriate items.

**Recommendation 7:** HMP YOI Polmont should consider the reintroduction of routine exit interviews to increase its understanding of the experiences of those leaving its custody.

### **2.1 The prison buildings, accommodation and facilities are fit-for-purpose and maintained to an appropriate standard.**

Rating: Generally Acceptable

HMP YOI Polmont is a relatively modern prison, with the oldest building “Iona” residential hall, dating from 2003. With three staircases leading up to the entrance of the hall and no passenger lift, Iona Hall would not be considered Disability Discrimination Act compliant.

At the time of inspection, the establishment was responding to a failure in the medium temperature hot water piping system. It is to the credit of the Estates Team that the impact of this on the population has been kept to a minimum. In addition, it was noted that the flooring in many parts of the establishment was failing. This was most apparent outside the shower areas in the residential areas, outside the shower areas in the Blair cells and in some of the work sheds.

Although HMP YOI Polmont may appear quite “industrial” in some areas, with lengthy covered walkways, efforts had been made to soften the aesthetics by utilising block colour, prisoner artwork and inspirational messages to good effect. In addition, the residential areas had large murals at height which help to brighten the area.

Dunedin, the establishment Separation and Reintegration Unit (SRU) had been partially renovated, with the North side having benefitted from new resin flooring in the cells and in the section out with the cells. In addition, the cells themselves had been painted and then overlaid with an “Anti-Graffiti” coating. The result was transformational; the contrast between cells that had been renovated and those that had not was remarkable.

Except for the flooring in the Blair cells, both Iona and Blair cells were found to be in good condition at the time of inspection, having been recently decorated to an acceptable standard. In both these areas, the prisoners had been given reasonable scope to personalise their living space with photographs, certificates and artwork. In neither of these areas had this been abused and there was no evidence of any offensive or inappropriate content. Unfortunately, the same cannot be said for cells in Monro, where the standards of décor varied greatly. In particular, the cells on Level 2 were found to be in poor repair, with graffiti, chipping of the paint surfaces and flooring, and a general lack of cleanliness. As this area housed young men on admission, the poor state of décor is concerning, being the first impression of the establishment.

Although there was a current prisoner painting work party, this was restricted to protection and women who were unable to undertake painting in the mainstream male areas.

The establishment was selected to be involved in a pilot for an “Electro Chromatic” door, installed into one of the safer cells in Monro Level 2. This door allows discreet monitoring without the use of an observation hatch. This was less intrusive, allowed better visibility of the person and made the space less oppressive than a normal cell door. In addition, all safer cells were fitted with a television, behind a secure screen to allow young men/women being managed in these cells to have safe access to the benefits of the distraction of TV. The décor in the safer cells was fresh and clean, and decorated with abstract shapes to break up the blank expanses of wall.

All residential areas reported issues with cell safes, with the ones in Iona having been removed entirely during a recent renovation, these need to be replaced immediately. Although some safes remained in Blair and Monro, most were inoperable due to damage and loss of keys or codes.

HMP YOI Polmont had two activity areas, each with two levels. The lower levels were predominately in use for Vocational Training and were equipped appropriately according to the activity being delivered. The upper levels were light airy, and spacious creating a welcoming environment for participants.

The gymnasium was fit-for-purpose, although surprisingly limited compared to more modern establishments, containing a games hall and weights area only.

The external areas were neat and tidy, and brightened by multiple planters containing flowers in bloom.

**Good Practice 7:** The décor of the safer cell and provision of access to television for prisoners being managed in the safer cells.

**Recommendation 8:** HMP YOI Polmont should develop a process for all cellular accommodation to be painted to maintain a reasonable standard of décor throughout.

**Recommendation 9:** SPS HQ should consider further investment in Electro Chromatic doors for safer cells throughout the prison estate.

**Recommendation 10:** HMP YOI Polmont should ensure as a matter of urgency that there is a safe in every cell and in good working order.

**Recommendation 11:** HMP YOI Polmont should undertake a programme of replacement of damaged flooring throughout the establishment.

**2.2 Good levels of cleanliness and hygiene are observed throughout the prison and procedures for the prevention and control of infection are followed. Cleaning materials and adequate time are available to all prisoners to maintain their personal living area to a clean and hygienic standard.**

Rating: Good

The cleanliness throughout the establishment was good. The Industrial Cleaning Party (ICP) were all passholders and work throughout the establishment with minimal supervision. All prisoners in this party were either training to or working towards British Institute of Cleaning Science (BICSc), with training records available. Cleaning schedules for all areas were on display.

In addition to the young men on the work party, records of certification for women and young males on protection were also available, evidencing the ability of all areas to respond to Biohazards effectively. On request from the residential areas, ICP Officers provide training to newly appointed pass people and “top up” training to others failing to meet the required standard. Recently, the Induction Officers had been linking in with the ICP Officers to offer awareness training to all admissions. This included awareness of the cleaning products and their uses, confirming that they knew how to clean their accommodation and how to use the equipment. This was good practice.

The establishment had four ICP Instructors whose responsibilities included the ordering and distribution of cleaning products for the establishment. They undertook a monthly inspection of all areas, as part of the establishment's safeguards against infection control. The findings were noted on a spread sheet detailing remedial action required to meet the required standard, which was shared with senior management. The FLMs in each area ensured the necessary actions were completed and recorded to bring their area to the necessary standard. The ICP Officers were available for support and guidance should it be required.

All residential areas reported different processes for allowing prisoner access to cleaning equipment to clean their rooms. Iona 3 (enhanced) and Blair (women) had a relatively open regime with association periods both morning and afternoon, in addition to recreation in the evening. Staff and prisoners confirmed that cleaning materials were readily available for all and could be accessed any time that the women were out with their cells. In Blair, there was clear evidence of colour coded equipment (green) being used in the pantry area, although this was less evident in Iona and Monro.

Monro 4 evidenced robust processes for structured cell cleaning, with staff and prisoner confirmation that cell cleaning was done as standard every weekend. In addition, Monro 4 cleaning stores were extremely well stocked and maintained with each holding sufficient mop and pails. The cleaning equipment was placed into the cell, irrespective of being requested and the young people were encouraged and supported to utilise some time to clean their living space. In addition, the young men confirmed that they could access cleaning materials in-cell, on request at any time. This was good practice.

Elsewhere in Monro, access to cell cleaning materials appeared to be mostly on request or during recreation and did not appear to be as well organised. The cleaning stores all had an acceptable amount of cleaning equipment, although it was less well organised and proactive than on Monro 4.

Pantry areas in all residential areas were found to be clean, however there were some inconsistent practices observed. These included not using specific colour coded cleaning equipment, servers laying bread slices directly onto a wooden table for collection and using their hands to serve food instead of providing utensils.

**Good Practice 8:** Monro 4 – cleaning store and cell cleaning process.

**Good Practice 9:** ICP Officers monthly Infection Control/Cleanliness Inspection, spreadsheet and remedial action by area.

**Good Practice 10:** ICP Officers providing cleaning induction to all admissions to HMP YOI Polmont.

**Recommendation 12:** HMP YOI Polmont should ensure that cleaning equipment is colour coded to ensure there is no cross-contamination.

**Recommendation 13:** HMP YOI Polmont should ensure that those working in the pantries adhere to all food hygiene processes, to ensure food is protected from contamination and to use the utensils available.



**2.3 All prisoners have a bed, mattress and pillow which are in good condition, as well as sufficient bedding issued by the prison or supplied by the prisoner. The bedding is also in good condition, clean and laundered frequently.**

Rating: Generally Acceptable

All residential areas were found to have an adequate supply of bedding in storage that was in good condition. The quality of the mattresses was found to be generally good in Blair and Iona, however the standard of some mattress in Monro was inconsistent. Many mattresses on Monro were found to be very thin and as a result some prisoners had been allowed to have two mattresses. Staff reported that mattresses were available, but in short supply and generally reserved for replacement of mattresses deliberately damaged, rather than general wear. This was confirmed by the Procurement Team, who hold a small stock for that purpose. There was no clear replacement programme, although Blair and Iona appeared to have benefited due to recent refurbishment. Inspectors sampled several cells to find that in most cases there was the appropriate bedding available and in reasonable condition.

Some residential areas operated a set day for bedding change, usually at the weekend, while other areas reported bedding being available on request, which was confirmed both by young men/women. The availability for fresh laundry was due to low population numbers where it was agreed that bedding was accepted on any day.

All residential areas had a quantity of clean duvets in the kit stores and both staff and prisoners confirmed that a clean duvet would be provided on request. The laundry had a process that could ensure that all duvets were washed at least quarterly. The Laundry officer was proactive in highlighting to the areas that their "Duvet Day" was approaching by e-mail, and then followed up the day before with a phone call. However, some areas did not always send down duvets to be washed on their allocated "Duvet Day". Monro 4 staff advised young men both verbally and by printed notice when to change their duvets and young men were able to confirm they knew the process. This was not the case in the other areas of Monro, where neither staff nor young men could identify when duvets had been changed recently.

In Dunedin, all empty cells were kitted out with bedding that appeared to be new in readiness for occupation.

There was one case where a tall young man who had been in custody since March 2023 did not fit comfortably on his bed. Residential staff advised that repeated requests had been made to Estates for a longer bed; however, there was no evidence of an "Agility" request being received and the Estates Team were unaware of the issue. Upon highlighting the issue, inspectors were advised that longer beds were in storage and this matter was successfully resolved during the inspection.

**Recommendation 14:** HMP YOI Polmont should implement a timetable for purchase and replacement of mattresses.

**Recommendation 15:** Residential areas in HMP YOI Polmont should proactively adhere to the timetable for exchange and laundering of all duvets every quarter.

**2.4 A range of toiletries and personal hygiene materials are available to all prisoners to allow them to maintain their sense of personal identity and self-respect. All prisoners also have access to washing and toileting facilities that are either freely available to them or readily available on request.**

Rating: Generally Acceptable

Within the residential areas, only Blair (women) had in-cell showers. All other residential areas had in-cell sanitation, and all cells inspected in the mainstream residential areas had toilet doors in place for privacy and decency. All cells examined had either a curtain in place, or a curtain clearly visible in the cell which the prisoner had elected not to use.

In Iona and Monro, a block of showers was available for use. Given the current low population numbers, the number of showers were adequate. As Iona 3 operated a largely open regime, prisoners could access the showers at any time. Sachets of shower gel were freely available. However, staff and prisoners reported that most prisoners in the area, being convicted, had personal toiletries. Other toiletries, such as soap, toilet rolls, razors, etc, were accessible on request. In all levels of Monro, access to showers was routinely offered during recreation. This was disappointing, as recreation periods were limited to 45 minutes in the evening and part of that time should not be taken up with showering. Prisoners returning from work advised that they may be offered a shower, depending on the staff member on duty. If the young person had a planned appointment a shower would be offered. In Dunedin, staff took a note of requests for showers, and these were facilitated throughout the day. Staff reported that the time of individuals being opened for showers varied daily so that the same person was not always required to shower early in the morning. Staff advised that those who were reluctant to shower and clean their rooms were supportively encouraged to do so when the shower area and sections were quiet.

All areas were found to have an adequate stock of towels in the kit store. As with other practices observed, each residential area operated slightly different methods for ensuring that towels were routinely made available.

A range of reasonably priced toiletries were available for purchase in the canteen. The range available was suitable for both male and female prisoners. Although sanitary products were readily available in Blair, more well-known branded products could be purchased as a personal preference. In addition to this, a range of make-up and other products were available via sundry purchase from a local supplier. The establishment had recognised that the current supplier was quite expensive and had limited availability of grooming products. There were plans to change the supplier to another local supplier who had a wider and more reasonably priced range of products, and greater availability of male grooming products.

The establishment had produced pictorial versions of the canteen, sundry and electric items booklets. This was good practice, allowing all prisoners the opportunity to visualise the items in advance of making any purchase, and particularly helpful for people with lower literacy levels. Canteen items, sundry purchases and make-up items were routinely discussed at Prisoner Information Action Committees (PIACs).



**Recommendation 16:** HMP YOI Polmont should offer young men showers at times that do not coincide with recreation periods.

**2.5 All prisoners have supplied to them or are able to obtain for themselves a range of clothing suitable for the activities they undertake. The clothes available to them are in good condition and allow them to maintain a sense of personal identity and self-respect. Clothing can be regularly laundered.**

Rating: Satisfactory

All residential areas had a “kit store” where clean prison issued clothing was stored. They were all adequately stocked, with clothing sorted into sizes that appeared to be in reasonable condition. Observation of prison clothing in use appeared appropriate to the height and weight of the individual concerned.

The establishment operated a system of allocation of polo shirt colours according to the status of the person concerned. Bright yellow t-shirts were worn to the visits area, except for under 18s who wore red. In addition, peer mentors wore a different colour. Currently, due to low numbers, the colour of t-shirt also correlated to the area the category of Young Man/Women was located, and so worked reasonably well for returning of kit from the laundry to the correct area.

The provision of clothing offered when accessing fresh air during inclement weather was examined and was found to be lightweight, nylon, single layer, shower proof jackets which were not fit-for-purpose.

All residential areas allocated individuals with “kit bags” for laundering personal property. The establishment encouraged these bags to be used for personal clothing only, although if the person placed prison kit in the bags it would not be removed. All residential areas could send kit bags and prisoner issues clothing, towels and bedding to the laundry daily, Monday to Friday, although this may need to be reviewed should the prison population increase.

Due to the current issue with the medium hot water system, all washes were undertaken at a cool temperature, although single hot washes for specific purposes such as body fluid contamination could be undertaken. The establishment had a simple but effective system for identifying and laundering clothing for prisoners who had sensitive skin, which was done separately using non-bio products.

The laundry had a system for recording items of personal property which could be clearly assigned to an individual’s kit bags if they burst during washing. Items were logged on a spreadsheet, with a comprehensive description of the items and the date that it was recovered. This spreadsheet could be accessed by both residential staff and the Business Improvement Manager to cross-reference against claims for lost property, which had reportedly reduced claims for lost or damaged property. The laundry had invested in a machine that could personalise kit bags which should further assist the process and be a further point of reference should laundry tags fail.

All prisoners involved in the serving of food were suitably attired during food service. Appropriate clothing was also worn throughout the kitchen, with regular workers

provided with a supply for their personal use. Safety boots were worn by both staff and prisoners working in the kitchen. Hair nets were not seen to be worn in the kitchen by women with long hair, which was fed back to the Catering Manager and immediately addressed. Personal Protective Equipment (PPE) was observed to be in use throughout the services and vocational training areas. This was found to be readily available in multiple sizes, in good condition and appropriate to the task being performed. The routine wearing of PPE was tested by unannounced spot checks and found to be universally worn in all areas.

**Recommendation 17:** HMP YOI Polmont should ensure that all young men /women have clothing that is suitable for use in inclement weather.

**2.6 The meals served to prisoners are nutritionally sufficient, well balanced, varied, served at the appropriate temperature and well presented. Meals also conform to their dietary needs, cultural or religious norms.**

Rating: Poor

The pre-inspection survey found that less than half (43%) reported that the quality of the food was good, and less than half (48%) reported always or usually getting enough to eat at mealtimes.

During the inspection, the process of issuing meals was observed in most residential areas at both lunch and evening mealtimes. The meals arrived in the residential area at around 11.45 am and 4.30 pm. Although all main residential areas had seating facilities, only Blair (women) and Iona 3 (Enhanced) facilitated social dining. Disappointingly there was no social dining in any area of Monro. It is the view of HMIPS that social dining should take place in all areas of the prison.

All prisoners involved in serving food wore appropriate PPE. Appropriate PPE was also worn in the kitchen area, except for hairnets for women with longer hair. The Catering Manager acknowledged this and advised that hairnets were available and should be worn and he would address this issue with immediate effect.

HMP YOI Polmont had a four-week menu cycle, which changed summer and winter. All prisoners were issued with a weekly menu to select their choices for a fortnight. While this allowed an additional degree of flexibility of choice, it also meant that all prisoners must complete a menu every week, even if their choice remained the same. If they failed to do so, they automatically reverted to "choice 1". Residential staff reported that many young men were given their weekly menu and immediately threw it away, electing not to complete it, resigning themselves to whatever choice 1 happened to be. This was particularly noted on Monro 3, the remand area.

In general terms, the meal served at lunchtime consisted of soup and a light lunch choice such as a sandwich, hot filled roll or baked potato with filling. A piece of fruit was provided every day at lunchtime, although it was observed that most of the young men declined this option. Milk was provided twice daily, with 500 ml provided at lunchtime and 250 ml at teatime. Although primarily to meet the dietary requirements for young men, this allocation was also extended to the women. The evening meal was branded as a more robust meal, however the portion size of some

of the meals was found to be small. Both meals were accompanied by sliced bread, with margarine and jam portions available.

The presentation of the meals was found to be poor in general. For example, slices of cold processed meat, a dry roll and a small margarine sachet were provided separately from the kitchen and placed on plates for service. Although an accompaniment of soup was provided that day, few of the young men took this and many also rejected the cold meat, meaning they had a roll and margarine for lunch. Meals were often presented in small foil trays, which were adversely affected by transportation in meal trolleys. Stacking of the trays meant that the lower trays' lids were pressed down into the food, displacing the contents. The portion size of some of the meals was found to be small, which was of greater concern when only accompanied by pitta bread and sliced bread. Although alternatives to chips were available on the menu choices, they were only presented at serveries if prisoners indicated that choice in advance. In nearly all cases, if chips appeared as a choice, the young men would choose it routinely over healthier options.

Food Focus Groups were taking place which were separate to the regular PIAC meetings. The Catering Manager met with the women, but there was no evidence that he had attended the young men's meetings. It was clear that some points and suggestions raised had been incorporated into the menu, but the prisoners involved in the PIAC meetings did not feel that the outcome of engagement with Food Focus Groups reflected the views of the population.

Staff in Dunedin collated daily the menu selection for the prisoners housed there, which was then provided by the kitchen.

Catering staff performed regular hygiene checks at the pantry, although they avoided being present when meals were being served.

All prisoners involved in serving food undertook "Elementary Food Hygiene" training provided by the catering staff, with records kept. This appeared to work reasonably well, although several prisoners observed to be serving food did not appear on the database, having been recently appointed. Residential staff were also provided with this training, with 21 staff having undertaken the training in 2023.

Temperature probes were observed to be routinely used at serveries and records kept.

**Good Practice 11:** HMP YOI Polmont had produced pictorial catalogues for all items available to buy through canteen and sundry, with plans to extend this practice to include pictures of menu choices.

**Recommendation 18:** HMP YOI Polmont should introduce social dining to all residential areas of the prison.

**Recommendation 19:** The Catering Manager or Catering Representative should routinely attend all Food Focus Group meetings.

**Recommendation 20:** Catering Staff should routinely attend the residential pantry to observe the meals being issued, to ensure that food hygiene standards are being met and that the presentation of the food is acceptable.

**Recommendation 21:** Chips should be offered less often as an alternative to a healthier option. For example, curry should only be offered with rice rather than with rice or chips.

## Quality Indicators

### **3.1 The prison implements thorough and compassionate practices to identify and care for those at risk of suicide or self-harm.**

Rating: Satisfactory

It was clearly evidenced that all staff had a good knowledge of the Talk to Me (TTM) process. Review of documentation demonstrated that there were high standards being maintained for the records and entries relating to those managed under the process. Under the scrutiny of closer inspection, a significant number of entries succinctly recorded behaviours, interactions and activities which would allow for those attending any case conferences to have a greater insight into each individuals' personal circumstances. It should be noted that in a small number of cases some signatures were missing.

A number of case conferences were attended, and the standard of care and empathy displayed was to be admired. One individual appeared extremely upset, being clearly emotional and tearful to start with. By the end of the case conference they were laughing and talking freely about not being suicidal but needing additional support because of their personal circumstances. This was a humbling experience to witness but evidenced the excellent standards of person-centred care that was provided.

Review of the staff training figures was concerning, and at the time of the inspection the training records showed that 113 staff were out of competency for TTM training (reported figures show that just 79% of staff are currently competent). This list also included several of the Senior Management Team. Although not evident through the care that was observed or the clear understanding that staff had when asked about the process, it was a concern that so many staff had not carried out their mandatory core training requirements. This is the reason that this quality indicator is satisfactory as opposed to good.

**Recommendation 22:** HMP YOI Polmont should ensure that all staff are appropriately trained in the mandatory core requirements for TTM.

### **3.2 The prison takes particular care of prisoners whose appearance, behaviour, background or circumstances leave them at a heightened risk of harm or abuse from others.**

Rating: Good

HMP YOI Polmont was found to have a multi-layered holistic approach, which demonstrated a refreshing inclusivity ethos throughout all aspects of the prison and prison regime. Documentation was provided which demonstrated the creation of bespoke management or care plans for a wide variety of individuals, some with

complex needs or adjustments to ensure they received the opportunity for equal participation and improved outcomes.

The staff involved in inclusivity activities were found to be highly motivated to make a positive impact on every individual they interacted with. With pro-social modelling and bespoke activity plans, individuals were valued and provided with person centric stimulating events to increase their personal resilience and develop greater interaction opportunities with both other prisoners and staff.

Staff throughout the prison spoke highly of the work being carried out and it appeared to be common knowledge how to make a referral to the Inclusivity Team. Additionally, a monthly report was produced which highlights those individuals who had participated least in activity sessions and automatically generated a referral for the Inclusion Team to engage with these individuals.

The Speech and Language Therapist provided information on the excellent initiatives which were in place or being rolled out across the prison. It was known that a significant number of those held in HMP YOI Polmont had communication needs. There was ongoing training for residential staff highlighting these needs, which the therapist advised had generated increased referrals for support. There were also new pictorial notice boards throughout the prison which improved communication for those prisoners with different communication needs. This had also been put in place for the canteen list and currently was being assessed for the menus.

**Good Practice 12:** The use of pictorial aids, for noticeboards or information booklets to improve prisoner understanding should be expanded to all SPS establishments.

**Good Practice 13:** The dedicated Inclusion staff were highly motivated to proactively engage with those individuals who required assistance in integration with available regime or activities.

**3.3 Potential risk factors are analysed, understood and acted upon to minimise situations that are known to increase the risk of subversive, aggressive or violent behaviour. Additionally, staff are proactive in lowering such risks through their behaviours, attitudes and actions.**

Rating: Generally Acceptable

HMP YOI Polmont were currently piloting a new VRR Strategy with a dedicated FLM lead. This primarily activated through record of a violent incident which generated activation of the perpetrator(s) to a Stage 1 status. There were timescales for required actions and provided there were no additional adverse occurrences, removal at a set period. However, the process could escalate through an additional further two stages which also activated mandatory interventions programs.

Although staff throughout the prison appeared to have a good understanding of the pilot, it was unclear how someone whose other behaviours (that is, threatening, abusive, etc) would capture them as having a potential for violence.

The VRR FLM advised that the pilot had recently been extended to a review of 'Enemies' and 'Keep separate' risk markers on PR2. It was hoped that this would

allow for greater clarity on the real necessity to keep some known individuals apart. This was also hoped to have a positive impact of allowing greater attendance across a wide range of activities within the establishment, promoting better engagement and more purposeful and rewarding outcomes for prisoners.

During the inspection, numerous instances of positive interactions between staff and young people were observed. Overall, staff behaviours and attitudes evidenced that pro-social modelling was a normal everyday occurrence. Visibility of staff throughout the prison was clearly evident, with several observations of young people freely approaching staff to raise issues or seek advice/guidance.

**Recommendation 23:** The HMP YOI Polmont VRR pilot should be extended to capture those individuals who are demonstrating potential risk factors which may lead to subversive, aggressive or violent behaviours.

**Recommendation 24:** After the review of PR2 'enemies' and 'keep separate' risk markers is completed, HMP YOI Polmont should ensure that a revised approach is entrenched to minimise impact on access to activities.

**3.4 Any allegation or incident of bullying, intimidation or harassment is taken seriously and investigated. Any person found to be responsible for an incident of bullying, intimidation or harassment is appropriately reprimanded and supported in changing their behaviour.**

Rating: Generally Acceptable

HMP YOI Polmont did not follow the SPS Anti-bullying Strategy Think Twice. It did have a Bullying Strategy for dealing with bullying behaviours. Although staff showed awareness of this, the records of those reported was negligible. A Bullying spreadsheet showed that from May 2022 an initial three-week period created seven referrals (three of these for one named individual). Since then, there had only been one referral in June 2023 and a further referral in August 2023. Subsequently, the two live referrals had not followed the process requirement of a case conference within seven days and appeared to still be awaiting action.

The Community Safety Unit (CSU) facilitated a restorative justice process. This year alone there were 122 individuals who had participated.

Unlike the VRR Strategy, there was no clear leadership and focus on the Bullying Strategy. Review of PR2 records discovered 31 individuals with live risk markers for 'Bully', and 22 individuals with live risk markers for 'Victim of bullying'. However, a number of these risk markers appeared to be historic but had not been resolved or removed. The Intelligence Management Unit (IMU) Manager advised that every Intelligence Report which alleged bullying created a referral to the FLM of the area but there was no further evidence to demonstrate how this was actioned.

The pilot VRR Strategy appeared to be showing the potential for being an excellent tool to track and challenge violent behaviours. The current Bullying Strategy mirrored the VRR which would indicate that if implemented with the same structure and oversight, it too could be an excellent tool for challenging bullying. However,



there must be a process which identifies the victim and ensures that support and assistance mechanisms are automatically triggered.

**Recommendation 25:** HMP YOI Polmont should identify a senior manager to lead a review of the Bullying Strategy and retain ongoing oversight of the application of the strategy's processes.

### **3.5 The victims of bullying or harassment are offered support and assistance.**

Rating: Poor

HMP YOI Polmont could offer no evidence that those individuals who had been the victim of bullying were offered any support or assistance. The Strategy primarily focussed on the bully and positive interventions regarding the bully. The victims of bullying were not always clearly identified. The staff in the CSU advised that the programme currently delivered for those who bully could be tailored to any victims of bullying and would offer support bespoke to their needs. However, the two most recent entries for the Restorative Justice Initiative (see 3.4) were both annotated as refusing this facility due to claims that they were the victim of bullying. There was no evidence that either had been offered any support or assistance.

Following a discussion with the Head of Offender Outcomes immediate action was taken by the prison to address the lack of support for victims. Inspectors were pleased to hear that a new process would be created with immediate effect, where the CSU would undertake checks every Monday to identify individuals with PR2 markers for 'Victim of bullying'. This would generate a referral which the CSU would progress by arranging a meeting to discuss the assistance they could provide to the individual if they wished support.

**Recommendation 26:** HMP YOI Polmont should identify a senior manager to lead on embedding a support system that is fit-for-purpose in identifying those potentially being bullied and implementing a robust referral system to the appropriate support network.

### **3.6 Systems are in place throughout the prison to ensure that a proportionate and rapid response can be made to any emergency threat to safety or life. This includes emergency means of communication and alarms, which are regularly tested, and a set of plans for managing emergencies and unpredictable events. Staff are adequately trained in the roles they must adopt according to these plans and protocols.**

Rating: Poor

There was a robust system for response to an emergency within the establishment. The protocol for emergency aid was known by all staff asked about this. However, upon review of the training records it was found that 116 individuals were expired for competence in Emergency Response (reported figures shows 60% currently competent). More concerningly was the clusters of staff with non-competence in key critical areas. For example, 15 of the 24 permanent night shift staffing group were

out of competence and five of the seven Catering Officers and the Catering Manager were also out of competence.

Furthermore, review of First Aid trained staff revealed that only three of the 24 permanent night shift were currently first aid trained (Health and Safety (H&S) Co-ordinator advised that the risk assessment identified a requirement for six). Additionally, none of the current catering staff were first aid trained. These were critical gaps should a medical emergency occur.

The figures provided on staff competencies relating to potential health and welfare requirements were also concerning. Only 39% of the senior managers were in competency for Health and Safety for Senior Managers. This position was not much better for staff in general, with only 62% compliant for Working Safely, 58% compliant for Fire Awareness Online and just 59% compliant for Fire Response Procedures.

Regarding response to staff alarms, the protocol was robust with all staff knowledgeable on how it would be implemented. However, whilst reviewing the process for checking and testing staff alarms it was found that there were a significant number missing. Of the 300 allocated numbers in the charging bay, the Night Shift Report (17/08/2023) showed 72 missing, 19 away for repair and 10 beyond economical repair. A subsequent review of the log maintained in the Electronic Control Room (ECR) only listed four as being away for repair. The Head of Operation was aware of the current position and provided evidence of a business case which had been submitted to purchase replacement units. However, on two occasions during the inspection an inspector was unable to locate an alarm for going into the prison. This raised a serious concern that there may be insufficient alarms to provide everyone working in the prison with one.

The staff involved in incident management showed a good understanding of the procedures necessary to implement immediate responses. The Security Unit staff were all well versed in setting up the Command Room, which was done every Friday afternoon and was maintained in a state of readiness over the weekend. Similarly, the ECR staff all demonstrated a good level of knowledge for admitting emergency vehicles, or staff and contingents should mechanical failures present. Staff spoken to were aware of Contingency Plans and how these could be accessed (by the appropriate personnel) and how those relevant to their role would be managed.

There was also a concern regarding the prisons ability to offer mutual aid to other establishments due to the lack of staff trained in Incident Command Team (ICT). The lists for ICT roles showed that some roles were significantly under complement. Additionally, a number of staff had been identified as being trained in multiple roles, which did not always lend itself to the ability to cover all requirements. The lists provided also identified at least one individual who was no longer employed within the SPS, raising concern of the accuracy of the current lists.

There was also a concern with the delivery of C&R. HMP YOI Polmont was one of the pilots for the new C&R2 which was groundbreaking with the use of non-pain inducing techniques. However, those staff required to support Mutual Aid still required to retain their C&R Phase 1 competency. Although, HMP YOI Polmont was



only using C&R2 within the establishment, a number of staff were trained in both techniques and having to remember different processes.

Furthermore, C&R2 was mandatory, but within HMP YOI Polmont C&R Phase 1 was no longer a mandatory requirement. However, C&R Phase 1 was still a mandatory requirement for Mutual Aid. Subsequently, the figure provided showed almost all staff were trained in C&R2 but, only 24% were currently trained in C&R Phase 1. This meant that the pool of staff available to become part of the Mutual Aid response was severely limited, and potentially most were officers within their first year of service having completed C&R Phase 1 as a mandatory part of the officer initial recruit training at SPS College.

**Recommendation 27:** HMP YOI Polmont must ensure that priority is given to mandatory core role training that is for the welfare of both prisoners and staff.

**Recommendation 28:** HMP YOI Polmont should review the First Aid trained staff position, and ensure that sufficient cover of trained staff is available at all times.

**Recommendation 29:** HMP YOI Polmont should ensure that an appropriate number of staff are recruited and trained to fulfil all incident management requirements, without individuals holding dual roles.

**Recommendation 30:** HMP YOI Polmont should expedite the business case for replacing missing personal alarms as a matter of utmost urgency.

### **3.7 The requirements of Health and Safety legislation are observed throughout the prison.**

Rating: Satisfactory

There was a robust approach to the management of Health and Safety within the establishment. The monthly inspections were carried out in accordance with a rotation lead including staff, FLMs and Unit Managers. Similarly, the quarterly inspections were carried out with a nominated senior management lead, but also by committee with the Health and Safety Co-ordinator in attendance.

The H&S Co-ordinator maintained a robust tracking system for monitoring recorded actions as outcomes from monthly or quarterly inspections, with an extensive history of achieved throughput. The compliance tracker was discussed during quarterly Health and Safety Meetings with the appointed committee.

An extensive suite of documents was maintained on the HMP YOI Polmont Health and Safety SharePoint site, a number of these being national documents. However, there was a concern with regards to the current position of staff compliance with mandatory training requirements, especially relating to Health and Safety.

**Good Practice 14:** The rotation of lead responsible nominee in both monthly and quarterly Health and Safety Inspections.

### **4.1 Force or physical restraints are only used when necessary and strictly in accordance with the law.**

Rating: Good

Inspectors reviewed the Use of Force (UoF) forms and violent incident reviews, and all force or restraints were compliant with operating procedures and guidelines. Documentation of UoF forms was completed to a good standard.

The Intelligence Management Unit (IMU) FLM audited all UoF documents, and where information was lacking, ensured staff subsequently completed the required information. All samples examined were completed to a good standard and there was information detailing if the removal was planned and/or recorded. In addition, secondary assurance was completed by the Operation Unit Manager.

With the introduction of the pilot of Control and Restraint 2 (C&R2), HMP YOI Polmont were allocated a VRR FLM to assist with training and support of staff in the new process. The VRR FLM reviewed all violent incidents including CCTV. Where an issue was identified in the application of techniques, the VRR FLM held a review meeting with staff to coach them on a more appropriate approach to support their learning in the new techniques.

Inspectors witnessed the application of the new soft cuffs when two young men were relocated to the SRU following a violent incident. Staff conducted the relocation appropriately with clear and concise information provided to the young person throughout.

**Good Practice 15:** The VRR FLM was proactive in reviewing violent incidents and conducting reviews with staff to support ongoing learning in the application of the new C&R2 techniques. This helped to ensure the safety of all, including young people and women in custody following a violent incident.

**4.2 Powers to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others are exercised appropriately, and their management is effected, with humanity and in accordance with the law. The focus is on reintegration as well as the continuing need for access to regime and social contact.**

Rating: Good

Rule 95 processes were robust and there was good evidence of the process and inclusion of Young men/women. Weekly narratives were recorded on PR2, and Duty Manager's signed to evidence daily visits to individuals within the SRU.

The SRU staff, the FLM and the Unit Manager had a good understanding of the process; all documentation was completed and included detailed minutes and management plans. All Rule 95 documentation was signed by SPS HQ and uploaded to PR2. HMP YOI Polmont management had put robust measures in place to reduce the number of young men held within the SRU, with only four young men located there at the time of the inspection. A review of those held under Rule 95 in the last 12 months showed that only three individuals had been held past the initial one-month period on Rule 95(12). All case conferences and weekly reviews meetings were attended by the NHS Mental Health Team.

Reintegration plans were robust. Individuals had a full understanding of the process and had the opportunity to contribute at case conferences. A weekly review of cases was carried out to check and confirm actions being taken and progress made. Any concerns were taken forward to a further case conference. This was observed to be carried out in a professional and non-judgemental manner.

Inspectors observed a Rule 95 case conference where the young man was present and contributed fully to the discussion, with management ensuring that they understood the process. One individual also joined the weekly review to discuss plans for their reintegration to the mainstream population, where staff ensured that he understood the plan going ahead to support his transition.

Individuals held in the SRU were supported by the Inclusion Officer and on occasion a Community Safety Officer as part of their reintegration plan, and this included participation in activities within and out with the SRU. There were two dedicated sessions per week within the main gymnasium for individuals held within the SRU.

**Good Practice 16:** Multi-disciplinary weekly review meetings pro-actively aimed to minimise an individual's time within the SRU, ensuring progress against the reintegration plans is reviewed.

#### **4.3 The prison disciplinary system is used appropriately and in accordance with the law.**

Rating: Satisfactory

Unit Managers carried out the adjudication within their allocated area. On observing a number of disciplinary hearings, it was evident that they had a good understanding of the process. All observed hearings were carried out fairly, professionally and in accordance with disciplinary procedures and Prison Rules.

Young men/women were given the adjudication paperwork in advance of the hearing and the paperwork was checked and signed by FLMS, giving an assurance that the statement was appropriate to the charge. Where observed, the process was fully explained to the young man, confirming he understood the process and was offered the opportunity to call witnesses. The young man was given the opportunity to provide his own mitigation against the charge prior to a finding being made. Where the adjudicator was satisfied they had all the appropriate information and evidence, a fair decision was made, and appropriate punishment given. Where appropriate the adjudicator also spoke through the violence reduction and restorative justice processes to encourage the prisoner to participate in these.

#### **4.4 Powers to impose enhanced security measures on a prisoner are exercised appropriately and in accordance with the law.**

Rating: Satisfactory

At the time of the inspection, there were four people with SSMs in place. All paperwork was checked and found to follow the correct process. One person had been placed on SSMs for their own protection for an extended period of time,

however management and staff explained and evidenced how efforts have been made to reintegrate the prisoner without success. Each person was aware of the procedures and understood their restrictions and confirmed that they had been allowed to make their own representations for SSM reviews. Each area had a copy of those on the SSM list and staff working with them were aware of the risk involved. PR2 risks and conditions were up-to-date for each young man/woman with the SSM paperwork uploaded to the correct domain.

#### **4.5 The law concerning the searching of prisoners and their property is implemented thoroughly.**

Rating: Generally Acceptable

Inspectors observed routine cell searches within Blair, Monro and Iona. The young men/women were in attendance and the search process was fully explained on each occasion. The young man/woman was given the opportunity to declare any unauthorised items prior to the search commencing. At the start of each search staff conducted a body search despite evidence that such searches re-traumatise individuals. Inspectors asked staff if they had considered the use of the body scanner located in reception, and/or cell sense equipment. On each occasion, they said they would only use them where intelligence indicated potential concealment. The cell was left in an acceptable condition, which evidenced respect for the prisoner's property. However, there was no property card at the time of the search.

Evidence was provided in relation to cell and area searches both within the residential and offender outcomes areas.

The searching of admissions, transfers and those returning from court was completed by the appropriate reception staff, using the correct equipment including the body scanner. Staff communicated well with prisoners, asking appropriate questions and informing them of the procedures, which helped relieve them of any anxiety and stress presented during the search.

**Recommendation 31:** SPS HQ should cease all routine body searching of young men/women, focussing instead on intelligence-led body searching and other means of detection.

**Recommendation 32:** HMP YOI Polmont should ensure that property cards are used for all cell searches

#### **4.6 Prisoners' personal property and cash are recorded and, where appropriate, stored. The systems for regulating prisoners' access to their own money and property allow for the exercise of personal choice.**

Rating: Satisfactory

A robust system was in place for the management of prisoner property, both in possession and within the stored property bags in reception. The property area was large and secured.

The items in use lists were detailed and gave a good choice and amount. Young men/women had the opportunity to exchange items on a weekly basis. They received their property timeously and none of the young men/women spoken to raised any concerns regarding the receipt of property. HMIPS confirmed that when a parcel was posted in, it was opened in front of the recipient within the reception area.

The process for dealing with young men/women's property was observed. During visit sessions all property was accepted through the front of house, x-rayed by operations staff, bagged and prepared for reception staff to uplift. Reception annotated all property onto the property card in preparation for issue. All property was recorded, signed for by two staff and held in lockable cabinets. Requests could be made to hand out property on a weekly basis. Reception staff would place the property in a sealed bag, and this would be collected by visits staff on the day of the visit and located in a secure cupboard. Visits staff would issue the property to the visitor who was asked to sign for the property before it was handed over.

Valuable items were located in an unlocked drawer within a secure cupboard. They were stored in a sealed bag with an individual serial number and a detailed list matching the items on the property card. However, there was no audit trail of when a bag was opened and resealed and this should be rectified. Duty Managers carried out a weekly audit to ensure property held within the area matched documentation and the property cards within reception.

All cash processed followed a robust process. There was a process in place to record cash posted in through the mail and/or handed in at visits, and it was held in a secure area until passed onto the cash desk. The cash desk managed all processing and balancing of cash for individuals to access.

**Recommendation 33:** HMP YOI Polmont should put in place a system that can evidence if a valuables bag has been opened and resealed

**4.7 The risk assessment procedure for any prisoner leaving the prison under escort is thorough and implemented appropriately. Any restraint imposed upon the prisoner is the minimum required for the risk presented.**

Rating: Satisfactory

Inspectors observed a number of escorts being processed to attend hospital or court. Reception staff checked all documentation against the person leaving prior to handing over to GEOAmey. GEOAmey carried out the majority of the escorts, however the establishment were experiencing the national issue of regular cancellations of transfers to other establishments, hospital appointments and Escorted Day Absence, with SPS staff requiring to cover some of these escorts. Robust processes were in place to check the person leaving the establishment matched all documentation, confirming identification and carrying out an individual risk assessment in discussion with reception staff.

A range of SPS risk assessments were checked from previous escorts and there was evidence of a good process. The initial documentation came from the court informing the court desk who was required, the court desk then prepared the PER,

and this was transferred to the prison Security Team to advise of any intelligence and risks that required monitoring. The Security Team then passed this to healthcare staff to complete any medical or health risk. Once all areas had been completed, the form was passed to the Reception. Staff were clear that the only use of physical restraints would be because of the robust risk assessment.

Escort Approval Certificates were checked for escorts conducted by SPS staff. These were completed by the Reception FLM and contained all of the relevant risk information. A few of the certificates had the odd signature missing, for example, gate officer. The Reception FLM confirmed it was their role to check the certificate once the escort returned to the establishment but there was no audit process in place, and Duty Managers were not conducting the weekly Escort Approval Certificate Audit.

**Recommendation 34:** HMP YOI Polmont should ensure that Duty Managers complete weekly audit checks of the Escort Approval Certificates.

#### **4.8 The law concerning the testing of prisoners for alcohol and controlled drugs is implemented thoroughly.**

Rating: Satisfactory

Young men/women were tested under the appropriate risk assessment process. Adequate staff were trained in each area and a list of trained staff was available in the FLM offices. The area for testing within Blair House was well resourced and well equipped, however the area in Iona House was an empty cell as the existing facility has been changed to an NHS dispensing station. There was therefore no appropriate holding area within Iona House should someone not be able to provide a sample immediately.

Records were examined and all paperwork available was fully completed. Those providing positive samples went through the adjudication process. Tests were carried out regularly for the purpose of progression and suspicion. Staff reported that they often felt it was a waste of time, as they could not test for psychoactive substances, which was an increasingly common choice occurrence. Annual prevalence testing had been completed earlier in the year as per SPS guidelines.

HMP YOI Polmont do not test for alcohol.

**Recommendation 35:** HMP YOI Polmont should provide an area to locate young men within Iona House should they be unable to provide a sample at the allocated time, as per prison policy.



**4.9 The systems and procedures for monitoring, supervising and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.**

Rating: Satisfactory

The systems and procedures for monitoring and tracking the movements and activities of prisoners were well regulated and documented. Inspectors observed that route movements were well staffed and managed, with Operation FLMS co-ordinating route movements to activities and Offender Outcomes FLMS co-ordinating the return to the halls, and nine staff from various areas of the establishment. The route movement was structured ensuring that different populations did not mix at any point. All movements to the SRU were co-ordinated via the ECR ensuring no other movement within the establishment at this time.

Senior Management observed the route each morning. Every young man/woman who moved between areas walked through a range of security measures, including a Walk-Through Metal Detector (WTMD) and rub down searches and/or handheld metal detection. The establishment also had portable Cell Sense, which was well used during the inspection by reception and security staff. Young men/women were only allowed to take items on the route that they required for work or learning and were appropriately searched prior to leaving the area.

Inspectors observed the systems and procedures for monitoring and supervising visits. Staff were placed around the room appropriately and one member of staff in the ECR monitored the visits via the cameras.

**4.10 The procedures for monitoring the prison perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.**

Rating: Satisfactory

Inspectors observed robust security/searching procedures of the buildings and grounds. The staff at the front of house were well versed on procedures and processes and had a good understanding of why it was important. Front of house entry procedures were observed where all individuals, including SPS staff, required to present photographic ID. Official visitors were issued with a security pass and their movements in and out of the establishment were recorded in a daily logbook.

Everyone entering the establishment was required to go through a WTMD, and outer clothing and possessions went through an x-ray process. Where the WTMD alarm sounded staff had access to a handheld metal detector with which to conduct a further check. An FLM observed movements through the front of house at the start of each shift to support the front of house staff. The Security FLM had processes in place for random searches on staff, carried out of sight of others.

Vehicles entering and exiting the prison were searched in a systematic manner, with drivers being subjected to the same search procedures as those walking into the prison. Vehicle drivers had the entry procedures explained to them and were issued with a disclaimer outlining prohibited articles which they signed, and this was logged

on a separate sheet by the staff member. Staff were observed to conduct their duties in a professional respectful manner throughout the inspection.

Perimeter checks were carried out regularly throughout the day and the ECR continually monitored all areas of the prison. Mail was screened and searched in line with the SOP. Any mail deemed suspicious was identified and marked accordingly.

### **Quality Indicators**

#### **5.1 The prison reliably passes critical information between prisoners and their families.**

Rating: Satisfactory

There was a SOP available to advise staff of the process for informing a young man/woman of the death or serious illness of a relative. More often young men/women received this information directly via the in-cell telephone, but the SOP continued to be followed when staff were the first to receive the news. The Family Contact Officer (FCO) or the Electronic Control Room (ECR), depending on the time of day, were the first point of contact for critical information coming into the prison from family/friends. They completed the notification form and sent it electronically to the hall for the staff there to deliver the news.

There was also a process in place for notifying young men/women next-of-kin if they became seriously ill. Next-of-kin details were provided on arrival and recorded on PR2. The Hall Manager would discuss with the young man/woman and obtain their consent to share information with friends/family, and the hall staff would then make contact.

Staff spoken to were aware of the process and there were sufficient rooms available on the residential halls for confidential conversations to take place. Staff informed inspectors that they would provide young men/women with an emergency pin to allow them to contact family via the hall phone if their in-cell phone was out of credit. The Chaplaincy Team were informed of all deaths/serious illness of a relative.

Family attendance at Risk Management Team Meetings (RMTs) and Integrated Case Management Meetings was encouraged.

#### **5.2 Relationships between staff and prisoners are respectful. Staff challenge prisoners' unacceptable behaviour or attitudes and disrespectful language or behaviour is not tolerated.**

Rating: Satisfactory

The HMIPS pre-inspection survey found that 77% of respondents said they were treated with respect by staff all or most of the time. Most respondents (72%) said they had a personal officer and the majority (76%) reported they were helpful, with 48% saying they were very helpful. Independent Prison Monitors (IPMs) reported that relationships had improved over the last year, and they had witnessed good



examples of compassionate and helpful staff. They also reported that the atmosphere on the halls was pleasant.

All of this tied in with inspectors' observations and discussion with staff and young men/women on the halls. The halls had a relaxed and calm atmosphere and relationships appeared to be respectful throughout the establishment. Blair Hall, where the women were located, had a really good feel to it and relationships with staff appeared very positive. Inspectors found the relationships between reception staff and new admissions to be very good.

There appeared to be good visibility of management on the residential halls and staff and prisoners agreed with this.

There were lists of personal officers and their young men/women allocation on every hall, where young men/women had a choice of two officers to work with. Staff had mixed opinions about whether they had sufficient time to meet with young men/women; some felt it was a token gesture and most often just a quick chat. Others were unclear on expectations. See QI 6.14 for more information on the personal officer role.

As reported during the last inspection in 2018, many staff were not wearing their name badge to allow young men/women to identify who they were dealing with.

**Recommendation 36:** HMP YOI Polmont should ensure that all staff wear their name badge.

### **5.3 Prisoners' rights to confidentiality and privacy are respected by staff in their interactions.**

Rating: Satisfactory

There were sufficient rooms available on the residential halls for staff to have confidential conversations with young men/women, and staff confirmed they had time in their day to have these types of conversations. Confidential paperwork, such as TTM, was kept behind the staff desk and brought out when needed.

There was a SOP available on information security. All staff completed e-learning and the Business Improvement Manager (BIM) was the Information Security Officer. Staff were aware of the process for reporting information security breaches, via an incident security form on SharePoint. They also knew where to locate a Subject Access Request (SAR) form if requested by a prisoner and the process for providing them with the information requested. Data protection privacy statements for young men/women were only displayed on a few of the halls and were not available in other languages. The prison should ensure they are displayed on every hall and in the languages of those spoken on the hall. Inspectors looked at the information security breaches and SARs for the last 12 months and were content that the correct process was being followed.

There was a SOP available on the management of young men/women mail and staff and young men/women reported that the process worked well, including the process

for confidential correspondence. It was secure and offered privacy to prisoners and they received their mail the same day.

Young men/women were able to contact staff at any time of the day. When locked in-cell they could use their call buttons, one of which was for emergencies. Inspectors were informed they worked well and were included in daily cell certification checks. Any issues were reported to estates and fixed quickly. There were no safes in Iona Hall to allow young men to store confidential paperwork and throughout the remaining residential areas they were in poor condition or broken. See Standard 2 for the recommendation relating to this.

**Recommendation 37:** Data protection privacy statements should be displayed on all halls and in the languages of those spoken in the hall.

#### **5.4 The environment in the prison is orderly and predictable with staff exercising authority in a legitimate manner.**

Rating: Satisfactory

The environment in HMP YOI Polmont appeared orderly and reasonably predictable.

The hall induction booklets told young men/women about the regime for the hall and the rules on expected behaviour. The regime for the hall was also displayed on most hall noticeboards and rules around behaviour were also covered in the national induction slides.

Staff in the residential areas reported that the regimes worked well with no major clashes. The regime had recently changed on Blair Hall with the women being opened one hour less in the afternoon. Staff and young men/women said they were consulted about the change and there was no issue with the reduction as they had quite a bit of time out of cell. Elsewhere in the prison, staff and young men/women reported they were consulted about regime changes.

Monro 2, the First Night in Custody area, reported that young men/women who could not be placed elsewhere in the prison for various reasons often ended up there, but it did not affect the regime. Monro 4 was running four different regimes but reported it worked okay.

IPMs reports advised that the prison felt well controlled and there were no related issues raised via the pre-inspection survey or focus groups with staff and prisoners.

Young men reported being in their cell for lengthy periods, which may be linked to the number of listed enemies inhibiting efforts to get them out to activities.

**5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place. The systems for accessing such activities are equitable and allow for an element of personal choice.**

Rating: Generally Acceptable

The pre-inspection survey told us that less than a third (28%) of respondents felt that things sometimes or often changed as a result of prisoners being asked for their opinions about things like food, canteen and healthcare. Almost half (42%) reported that they were not asked for their opinions, while 30% said that they were asked but things did not change as a result.

Noticeboards were pretty much standardised throughout the residential areas, with a themed approach and contained lots of useful information. The noticeboards in Blair Hall stood out as being particularly informative and the use of pictorial aids were particularly helpful for those with learning or communication issues. Iona 3 and Monro 1 noticeboards need brought up to the same standard as the others. There were a lot of noticeboards so keeping them up-to-date was time consuming, but officers on each hall were able to explain the process for this. It was disappointing to note that there were very few examples of information in other languages.

Any significant changes or special events were notified via a prisoner notice under each cell door as well as being displayed on noticeboards.

At the time of the inspection, recent PIACs had taken place in all of the residential areas. Every category of young men/women was represented, and the minutes of the meetings were found on all hall noticeboards, except Monro 2. Staff there reported that PIACs had not been taking place regularly, however minutes of a meeting on 8 August 2023 were provided to inspectors.

Inspectors observed a PIAC meeting on Iona 3. It was well run by the member of staff chairing it. He made the young men feel welcome and encouraged an open and confidential discussion. Good discussions took place and there was evidence of good relationships. He also gave good explanations in response to young men's requests. Before working through the agenda, he asked the young men to look over the minutes of the last meeting and agree them. He then provided a verbal update on the actions from the last meeting, where he had spoken to the kitchen and finance manager, and they had agreed to make changes to the menu and the canteen list as a result. However, throughout the prison, inspectors were unable to find evidence of updates on actions being communicated to those not attending the meeting. This could explain the results of the pre-inspection survey.

HMP YOI Polmont should put in place a process for communicating the actions arising from PIACs and changes made as a result to all prisoners.

Inspectors noted that the Catering Manager and Finance Manager had attended PIACs in Blair but not in the young men's halls. Inspectors understand that the finance manager intends to go to them and currently spoke to hall staff after PIACs to take any issues forward. HMIPS encourages both to attend PIACs on a regular

basis to hear first-hand young men/women's suggestions around food and the canteen.

Inspectors found young men/women suggestion forms in the document holders on the wall in residential areas, giving young men/women the opportunity to put forward items for discussion at future PIACs. This was evidence of good practice and should be shared across the prison estate.

There was no mention of PIACs in the hall induction booklets or the national induction slides. It needs to be added so that prisoners are aware on arrival how they can contribute to improving prison life.

The Common Good Fund balance was displayed in all residential halls. Inspectors spoke with the Finance Manager who evidenced that there was very little profit made from the canteen so they were limited in what they could do. However, what they did have was used to benefit all prisoners, such as events to celebrate the King's Coronation, Easter and Christmas. Young men/women were consulted about proposals for events via PIACs. The prison was not able to subsidise canteen prices and young men/women prisoners reported having difficulty with the rising costs of items and no rise in wages.

**Recommendation 38:** HMP YOI Polmont should ensure that an update on actions from PIACs are communicated to all young men/women.

**Recommendation 39:** HMP YOI Polmont should update the hall induction booklet to provide an explanation of PIACs to new arrivals.

**Recommendation 40:** SPS HQ should update the national induction slides to include information about PIACs.

**Good Practice 17:** The prisoner suggestion forms giving young men/women the opportunity to put forward items for discussion at future PIACs.

## **5.6 Prisoners have access to information necessary to safeguard themselves against mistreatment. This includes unimpeded access to statutory bodies, legal advice, the courts, state representatives and members of national or international parliaments.**

Rating: Generally Acceptable

The Prison Rules were only available in two residential halls and the prison library. Staff reported that prisoners never asked to see them and that they could print them off SharePoint if asked. A copy should be available in every hall and signs put up to inform prisoners how they can access them.

The Library held a variety of legal texts that could be printed off in different languages if required.

A SOP was available on the process for arranging agents visits and the staff working there confirmed the process ran smoothly. There were sufficient rooms available and no delays in the process. Their only complaint was delays in the court process resulting in young men/women having lengthy waits to appear, which could lead to frustration.

There were a number of foreign national young men held within the establishment who were entitled to an additional £10 per month to make calls home, paid for by the establishment. This was not taking place routinely, with the young men expected to submit an application before it was placed into their phone account. This should automatically be placed into their account each month.

**Recommendation 41:** HMP YOI Polmont should ensure copies of the Prison Rules are available on each hall and that young men/women are informed of how to access them.

**Recommendation 42:** HMP YOI Polmont should review the process for adding £10 to foreign national young men/women's phone allowance to ensure they receive it as soon as possible following admission.

## 5.7 The prison complaints system works well.

Rating: Generally Acceptable

The HMIPS pre-inspection survey informed us that less than half (42%) of respondents felt that the complaints system worked well, while the majority felt that it worked poorly (59%). HMP YOI Polmont may wish to investigate the reasons for this.

A SOP was available that covered the requests and complaints process. The final paragraph needs updated as it talks about IPM request forms which are no longer in use. Inspectors found IPM request forms on many of the halls, so staff need to be told to remove and not replace them.

There were complaints noticeboards on each of the halls and although they were not completely consistent, all but Iona 3 East held information about the complaints process and most explained the route to the SPSO.

Prisoner Complaint Forms (PCFs) were available on all halls except for Monro 1 West, where staff reported that they got destroyed so they were held behind the desk. HMIPS would like them to be freely available as young men/women may not want to ask for them. As per the GMA notice, PCFs are now available in six other languages, and they should be placed on halls that hold young men/women of those nationalities. Inspectors found them on a couple of halls but not all the halls that held foreign nationals.

Inspectors were pleased to see that the hall induction booklets covered the complaints process and were available in various languages. However, the Monro booklet said, 'only if it cannot be fixed you can ask for a PCF1'. This is incorrect. HMIPS agree that it is indeed good practice to resolve issues with staff in the first instance, if possible, but prisoners can go straight to a PCF1 if they wish.

Complaint numbers were low, with only 22 PCF1s submitted in the last 12 months. All were responded to by hall managers within the five-day timescale. Inspectors sampled complaints responses and they were well drafted. All 22 progressed to the Internal Complaints Committee (ICC) with three being overturned. Six, which equates to almost a quarter, were not dealt with within timescale so the prison may

wish to investigate the reasons why. Two complaints had been referred to SPSO and both were upheld. Thirty PCF2s had been received in the last six months, 10 were responded to late but with good reasons and interim responses had been provided where relevant. The Governor provided his response in letter format which was a nice touch.

It was positive that staff aimed to resolve complaints on the hall, but not logging them means the prison is unable to analyse this information to establish common themes. HMP YOI Polmont may wish to start collating information on complaints that are resolved by hall staff. This is similar to our findings in other full inspections.

Visitor complaint forms were held at the front of house and dealt with by the front of house FLM.

**Recommendation 43:** HMP YOI Polmont should have complaints forms readily available on Monro 1 West.

**Recommendation 44:** Complaint forms should be available in the language of prisoners present on the hall.

**Recommendation 45:** The hall induction booklet for Monro needs to be amended to say that young men/women can choose to not discuss a complaint with staff and go straight to a PCF1 if they wish.

## **5.8 The system for allowing prisoners to see an Independent Prison Monitor works well.**

Rating: Satisfactory

According to the HMIPS pre-inspection survey, most respondents (68%) reported that they did not know the role of an IPM, and that they did not know how to contact an IPM (74%). However, IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners in-cell phone. Young men/women and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them. IPMs completed 75 visits to the prison in the last year. The hall induction booklet made no mention of IPMs and should be updated to help raise awareness of the service with prisoners.

Of those who had contacted an IPM, just under a third (30%) had found the experience helpful, while 13% had not found it unhelpful. Over a third (37%) reported that they had been unable to contact an IPM when they had tried to do so.

The HMIPS IPM Annual Report confirmed that request numbers in HMP YOI Polmont were extremely low (18). IPMs reported that they were made to feel welcome and assisted well by staff when dealing with requests or making observations.

HMIPS will look at how we can raise awareness of the IPM service in HMP YOI Polmont.



**Recommendation 46:** HMP YOI Polmont should update the hall induction booklets to inform prisoners about the IPM service.

## Quality Indicators

**6.1 There is an appropriate and sufficient range of good quality employment and training opportunities available to prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Satisfactory

The prison offered a wide range of high-quality vocational training and employment opportunities that were matched well to the needs of the population. These included painting and decorating, engineering, arts and crafts, barbering, hair and beauty, joinery, bricklaying, bicycle repair and Paws for Progress. However, two of these training areas were not available at the time of the inspection due to staff shortages. Employment opportunities were available in a range of work parties which helped them to gain skills and knowledge suited to release. These included pass duties, gardens and waste management, laundry, and kitchen. All training and employment opportunities were of good quality and were sufficient to meet the needs of the prison population.

All vocational training opportunities were relevant to the community on release and delivered well, in good quality facilities. Qualifications ranged from level 3 to level 5 of the Scottish Credit and Qualifications Framework (SCQF). The prison also offered a good range of employability certificates, such as forklift operations, BICSc and manual handling. In the past year, prisoners had achieved nearly 500 Scottish Qualification Award (SQA) vocational units. A few young men/women were being supported with the theory aspect of their apprenticeship or continuing with the occupation they had prior to coming into the establishment. This was helping them to maintain their knowledge and skills in preparation for liberation and was good practice.

Information on work party and training opportunities was shared with young men/women as part of the SPS National Induction Programme. Residential prison officers discussed with young men/women their interests, existing knowledge and skills, to help inform allocation to vocational training and work parties. This consultation with and encouragement of young men/women helped to improve participation rates and engagement in purposeful activity. However, this informal approach often led to some young men/women remaining in the same activity for lengthy periods and prevented other young men/women from gaining a wider range of skills and experience.

**Recommendation 47:** HMP YOI Polmont should ensure that all young men/women are put forward to the Prison Allocation Board to allow them to gain a wider range of skills and experience.

**6.2 Prisoners participate in the system by which paid work is applied for and allocated. The system reflects the individual needs of the prisoner and matches the systems used in the employment market, where possible.**

Rating: Generally Acceptable

Prisoners' allocation to a work party was determined by the availability of work party spaces, prisoner skillsets and their interests. The Prison Allocation Board met regularly to allocate work party places. The prison had decided to rotate work party allocations every 12 to 14 weeks to provide prisoners with access to a variety of employment opportunities. However, feedback from young men/women indicated that this did not happen routinely, with a few young men/women remaining in work parties for lengthy periods.

Young men/women had access to more choice of purposeful activity than could be achieved during each day. The arrangements for allocating young men/women to these activities, such as work parties, vocational training, education and gymnasium involved several stages and multiple communication routes. Overall, this led to the needs of the establishment taking priority over young men/women preference with low numbers attending many purposeful activities, particularly education. The system needs to be looked at so as to maximise attendance at purposeful activity.

Young men/women who disclosed an additional support need were supported well by prison staff, who worked effectively with Learning Centre staff and partner agencies to provide assistance. Young men/women were offered help with numeracy, literacy and health and wellbeing through the Learning Centre and tutors, or partner agency staff, who often provided contextualised support in work parties and vocational training activities. Work party spaces were intentionally low, ranging from six to 10, to provide an increase in the time available to support young men/women with the development of their employability and core skills. However, during the inspection the prison population was well below capacity and there was scope for Learning Centre staff to provide more contextualised learning for prisoners during training and employment activities.

**Recommendation 48:** HMP YOI Polmont should ensure that the rotation of work parties happens to provide prisoners with access to a variety of employment opportunities.

**Recommendation 49:** HMP YOI Polmont should review the booking system to allow for maximum attendance at purposeful activity.

**6.3 There is an appropriate and sufficient range of good quality educational activities available to the prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Satisfactory

The Learning Centre facilities were of a high standard, incorporating classrooms, break out rooms and the prison library, together with several vocational training areas. The Learning Centre offered a good range of classes appropriate to the needs of the prison population including, numeracy, literacy, art, modern studies,



history, English for Speakers of other Languages (ESOL) and information computing technology. Most qualifications focused on the development of core skills at SVQ levels 3-5, and many young men/women were successful in achieving SQA certificates. A few young men/women studied advanced level qualifications, such as Highers and Open University programmes. Overall, there were a sufficient number and range of learning opportunities to meet the abilities and interests of the prison population. However, attendance at the Learning Centre was around fifty percent of its capacity, primarily due to the wide variety of other activities available for prisoners, such as essential work parties, gym, and vocational training.

Learning Centre staff engaged in the SPS national induction programme to promote the learning activities available to all new young men/women. Young men/women had the opportunity to complete an assessment of their core skills during induction to identify their level of literacy and numeracy. For those who required additional support, an Assistant Tutor developed a plan for each individual setting out goals for their learning journey during their time in prison. This process worked well. However, many young men/women experienced anxiety on entering custody. It may be more beneficial for young men/women to complete their core skills assessment once they are settled into the establishment. This could be co-ordinated with a tour of the Learning Centre facilities to encourage more young men/women to participate in education and training.

Learning Centre staff established good relationships with young men/women using an effective learner centred approach. This helped learners to build trust and confidence with staff and their peers, sustaining their engagement. Tutors used a good range of approaches to meet individual needs in the classroom, and during visits to the residential halls for those learners who were not yet ready to attend Learning Centre activities. Some of these sessions were particularly innovative and highly effective in supporting disengaged young people.

Almost all young men/women who engaged in learning activities welcomed the opportunity to achieve qualifications and gain skills that would help them to gain employment on liberation. A few young men/women were supported well to progress qualifications they had started prior to imprisonment, and to continue with these qualifications after liberation.

The Learning Centre offered a good range of events and thematic projects throughout the year, many in collaboration with Barnardo's and other partners. These projects were designed to support learners with their qualification aims and help them to develop citizenship skills. The diary of events and topics linked effectively to key international days, author visits and youth work programmes. These sessions were attended well and gained the interest of the wider prison population.

**6.4 There is an appropriate and sufficient range of physical and health educational activities available to the prisoners and they are afforded access to participate in sporting or fitness activities relevant to a wide range of interests, needs and abilities. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Satisfactory

The prison gymnasium offered a wide range of physical and health activities appropriate to the population including older women and those with a disability. The gym timetable provided young men/women with access to physical and health education activities throughout the week, including evenings and weekends. The prison also worked in partnership with NHS Public Health to deliver sessions with gymnasium staff focused on nutrition, healthy mind and body and lifestyle health.

The choice of sports and fitness activities available to young men/women was appropriate to the prison population and included cardiovascular and weight exercises, football, Zumba, tennis and badminton, circuit training, yoga, spin, and high intensity training. All young men/women had sufficient opportunity to participate in a good range of exercise and health activities, and these activities were of a high standard. However, the outside playing fields were not used frequently for sports activities.

Most residential blocks, including the SRU, provided a small satellite gym for young men/women to access out with the timetabled activities. However, gymnasium staff were not responsible for the use of these facilities by young men/women. All young men/women attending the fitness centre completed an induction before engaging in physical exercise. However, gymnasium staff no longer attended the SPS national induction programme to promote physical and health activities, or to encourage new young men/women to attend. The sessions for strength and conditioning were attended well by the young men, however, attendance at other sessions was low. Focus groups reported that gymnasium sessions were often cancelled.

Staff consulted young men/women on the range of physical and health opportunities available and took good account of their views when creating the timetable of activities. However, the benefits of physical and health activities were not promoted routinely in the gymnasium or other areas of the prison, for example, through posters, leaflets or raising awareness in person.

The well-established Duke of Edinburgh's Award Scheme provided an opportunity for a few eligible young men to continue with or start working towards the bronze and silver awards. Participants could gain credits towards their award by engaging in a range of activities within the establishment and volunteering during key events. A partnership with HMP Dumfries helped to facilitate the expedition element of this award.

**Recommendation 50:** HMP YOI Polmont should ensure that the benefits of physical and health activities are promoted in the gymnasium as well as other areas of the prison.

**6.5 Prisoners are afforded access to a library which is well-stocked with materials that take account of the cultural and religious backgrounds of the prisoner population.**

Rating: Satisfactory

The prison library was located within the Learning Centre. Young men/women attending activities in the Learning Centre were able to browse a range of books, DVDs, and CDs in a welcoming environment. The library was overseen well by an SPS officer, who also visited each residential block every weekday to facilitate loans and returns.

The library held a wide range of materials including categorised sections of books for fiction, autobiographies, and non-fiction. There was also a good range of audio CDs and DVDs. The librarian took good account of the number and type of requests from young men/women to ensure library materials were relevant and more likely to be requested. The rotation of materials was helpful to keep young men/women engaged in contemporary reading and listening. The library also held audio books, easy readers, religious texts and material in large print and some texts in foreign languages to take account of the cultural backgrounds of prisoners and language barriers. Included in the library stock were previous prison reports, Prison Rules and a few legal texts.

The library also offered young men/women access to a few magazines, puzzles and other in-cell activities. These included an innovative 'Lonely Book Review' which asked a prisoner to review a book that had not yet been withdrawn for reading.

However, young men/women had no access to resources from the local library or inter-library loans, as the prison had been refused a service level agreement with its local authority on the grounds that it is a national institution. This restricted the opportunities for young men/women to access specialist library materials, or those that the prison could not afford to purchase.

**6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer support activities that are relevant to a wide range of interests and abilities. Prisoners are consulted on the range of activities and their participation is encouraged.**

Rating: Satisfactory

The prison offered a wide range of recreational and cultural activities in collaboration with partners from a large variety of local and national organisations. Young men/women were encouraged to participate in these activities, and they were well attended. The prison recognised and celebrated national events, which were promoted on the prison radio station and television channel. Young men/women engaged actively in key events and initiatives, such as International Women's Day, Black History Month and Against Homophobia. Young men/women were consulted on the content of these events and had the opportunity to make suggestions about their input. Overall, the range of cultural, recreational, self-help and peer support

activities available to prisoners was of a high standard and relevant to the interests and abilities of the prison population.

Young men/women regularly entered art items for the Koestler Trust awards and achieved a good success rate. In 2023, 37 entries were submitted in various categories such as drawing, creative writing, mixed media and textiles and a radio show written and recorded by young men to mark Holocaust Memorial Day.

Peer mentors were well-established in the prison, and they reported that their peer mentor training was good, and that they were supported well in their role. They recognised the importance of listening and supporting others, in particular, those young men/women who had just arrived at the establishment, who spoke positively about the support they received.

The prison had a well-established and effective partnership with Barnardo's. Barnardo's provided a wide range of youth work provision. Young men at the prison were engaging in life skills programmes, music, drama, and art. They gained a range of youth achievement awards, developed new knowledge and skills that were transferrable to other settings. This helped young men to increase their levels of confidence through leading events, public speaking and expressing their aspirations.

**6.7 All prisoners have the opportunity to take exercise for at least one hour in the open air every day. All reasonable steps are taken to ensure provision is made during inclement weather.**

Rating: Poor

The regimes across all halls had set times in which access to time in the open air would be facilitated for a minimum one-hour duration. In Blair, the women were afforded at least one hour's fresh air per day, which was recorded on the daily log sheets as well as being observed. However, despite low numbers in the young men's population offering access to fresh air was a challenge. This was due to the prison having to manage mainstream, protection and offence protections along with an extensive list of enemies within a residential hall and a floor. This was confirmed by both staff and young men across the residential function who reported that they were unable to facilitate one hour access to fresh air on a daily basis.

It appeared to be a particular challenge with regards to those with enemy markers that indicated that they would require to be kept apart in order to maintain good order and discipline. Should there be enemies on the same hall, one person would be offered fresh air one day, with the other being offered it the following day.

Generally, it was observed that young men were given on average 45 minutes in the open air. There were low numbers that took the opportunity to access fresh air, particularly in Monro due to the 7.00 am exercise time, where young men reported that being too early, and on the following day exercise was offered at the same time as recreation, family visits or the opportunity to attend the gym. This resulted in young men having to make a choice.

Should they wish to attend the early morning exercise times, young men had to request this during the morning roll count, if they did not indicate they wanted outside exercise the opportunity was lost in most circumstances for that day. It was clear from speaking to a number of young men that time in the fresh air was valued by them.

There were two 16-year old boys within Monro who required to be isolated from another young man who required protection. The regime only allowed 30 minutes access to fresh air for the 16-year olds.

Young men held within the SRU were provided with one hour access to fresh air daily.

The area where young men exercised was within the astroturf. There were no seats to sit on, with young people opting to sit on the grass. There were no games or other activities permitted during exercise.

**Recommendation 51:** HMP YOI Polmont should as a matter of urgency conduct a full review of enemies across the prison.

**Recommendation 52:** The regime should be reviewed to ensure the statutory daily one-hour access to fresh air is provided for all young men. If additional exercise yards are required to ensure adequate opportunities, while still separating enemies, then SPS HQ should fund their construction.

## 6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The Chaplaincy Team within the prison served a range of varied religious denominations, with the most popular being Roman Catholic, Church of Scotland and the Muslim faith. It was pleasing to note that the Reformed Tradition Services Chaplain was also able to provide services for the residents who were followers of the Church of England, Baptist and Protestant religions. This provided worship opportunities for the majority of the population. Whilst there are four Chaplains providing these services it was clear that they were also able to support a range of other faiths by ensuring young men/women had access to any material or articles to allow them to practice their particular religion. Should that individual wish to converse with a specific leader, appropriate arrangements would be made for their attendance at the prison to provide pastoral care.

As well as providing services throughout weekdays, the Chaplains provided two sessions explaining all available services through the induction programme for both remand and sentenced prisoners. Chaplaincy attended the First Night in Custody suite the following morning after admission to provide support and guidance.

Religious materials relevant to each faith were provided for the population and prison staff were well versed on the most popular faiths and understood the importance of respect with each denomination in their care.

In addition, the Chaplaincy Team had an integral role with case conferences, where young men/women suffered loss and bereavement, and supporting families and staff when required.

There was a reduced number of young men and women able to attend services due to the current challenge with the number of enemies listed across the prison, which had an effect on the overall attendance numbers for all denominations.

There were a variety of religious events catered for out with the weekly services that all prisoners were encouraged to attend. However, there were no religious services at the weekends.

**Recommendation 53:** HMP YOI Polmont should ensure all young men have the ability to practice their faith without fear of reprisal through enemy status.

**Recommendation 54:** HMP YOI Polmont should review the chaplaincy services available at the weekend.

**6.9 The prison maximises the opportunities for prisoners to meet and interact with their families and friends. Additionally, opportunities for prisoners to interact with family members in a variety of parental and other roles are provided. The prison facilitates a free flow of communication between prisoners and their families to sustain ties.**

Rating: Satisfactory

Visits were generally for a 45-minute duration, however there was the facility to request a double visit should family or friends be travelling from afar. There was the possibility to book two visits per week. There were father and mother/child, homework and bonding visits that could also be booked without it being taken off the monthly entitlement. Mothers could bake a cake in the life skills class and take it to a visit with their child.

A number of cultural events and children's parties had taken place over the previous eight months with evidence being provided. As the population held within HMP YOI Polmont was below design capacity if a young man/woman requested additional visits this could generally be facilitated.

There were low numbers of young men utilising visits during the week. This was thought to be due to the current visit session times, which were in the morning, with two in the afternoon and one late evening. Visit sessions had not altered post COVID-19, with visit sessions not being mixed with convicted, remand, protection, or women.

During the inspection a family had travelled over from Ireland. A double visit had been approved to take place with a young man, however whilst the first session was within the visit area, the family were asked to move into a closed visit for the second hour as there were two women's visits taking place during that time. Consideration should have been given for the young man and the family to remain within the hall.

Virtual visits were available with five stations for each session and were well used.



The prison had recently installed in-cell telephones which all young men and women could access throughout the day and night if they had sufficient funds. There was the opportunity to have £1 placed onto the pin account within reception for all admissions.

Families were invited to attend any case conferences and efforts to encourage this resulted in a higher-than-average rate of attendance.

**Recommendation 55:** HMP YOI Polmont should consider, where double visits are approved for families travelling a distance, that they take place under normal visiting conditions and are facilitated appropriate to any security considerations.

**6.10 Arrangements for admitting family members and friends into the prison are welcoming and offer appropriate support. The atmosphere in the Visit Room is friendly, and while effective measures are adopted to maintain security, supervision is unobtrusive.**

Rating: Generally Acceptable

Staff were observed as treating all visitors to the prison with dignity and respect. They were very informative and welcoming and engaged with the families and children visiting.

HMP YOI Polmont had adapted a large room within the gate vestibule area, which was designated as the hub visiting waiting area, prior to leading upstairs to the visit's hall. On arrival, visitors were led through the search area where they were asked to pass outer garments, belts and on occasion their shoes through the rapiscan x-ray machine. Visiting adults were subjected to a rub down search should the portal alarm.

The waiting area was large and welcoming and as well as having two FCOs in-situ, CrossReach played an integral part in supporting and assisting visitors daily. They ensured that maintaining positive family contact was key, promoting and providing information on how to book virtual visits, claiming travel costs, taking part in the family visits forum and quarterly meetings, supporting bonding visits and parenting skills, and generally providing a welcoming face and a cup of tea or coffee on arrival.

There was a large screen that also provided a range of information on a loop system. This included a video of the search procedures that may be undertaken on arrival to the prison. Visitors advised that they felt this was helpful as at times they did not know what to expect.

At the time of the inspection there were 12 tables that could be utilised in each session, with a view to increasing this to 19 in the near future. The play area was well stocked with toys for children visiting. Visit uptake was steady, however it very rarely accommodated a full session. This may in part be due to the session only facilitating a specific prisoner category during each visit time. A barrier to mixing the

sessions was the number of enemies that were listed across the prison. See QI 6.7 for the recommendation to review the enemies list.

The visit room itself was adequate if somewhat austere. Supervision in the room was appropriate despite the relatively high number of staff in the room. The tea facility had been replaced by vending machines, so hot drinks were no longer available. Inspectors observed that visitors had requested more healthy options to be available and were pleased to see that managers had agreed to pursue this.

Inspectors reviewed arrangements for compliance with post-visit searching and found that in keeping with security standards searching took place at the rate of one in five visits. These were full body searches and when we enquired about the potential for the body scanner to replace these, we were informed that the equipment was not optimally situated to achieve this. HMIPS believe that body searching should be intelligence-led rather than routine, particularly where following protocols on 20% of people being searched could lead to a small number of women being subjected to repeated body searching, which has the potential to re-traumatise any individual who may have been affected by previous trauma and abuse.

There were no baby changing facilities within the visit hall, instead visitors were given a baby changing mat in order to change the baby in that area, otherwise the baby changing facilities could be used located in the gate vestibule.

HMIPS raised concerns regarding a notice of items permitted to be worn at a visit by visitors. The GIC agreed and this was amended immediately.

Scrutiny of the visits timetable revealed that the midweek timings clashed with school hours or were later in the evening. Given the prison is a national facility holding young men and women from across Scotland, there is the potential for long journeys which could mean missing school or a very late night for a visiting child.

The point of entry to the establishment and the front of house was pleasant and suitably equipped for children. Inspectors welcomed the arrangement for young children to be put at ease by an activity to follow the pawprints of an animated dog to the visit room location.

**Recommendation 56:** HMP YOI Polmont should consider mixing prisoner categories on visit sessions to increase uptake.

**Recommendation 57:** Percentage-based routine body searching should be replaced with intelligence-led body searching, especially where it has the potential to impact disproportionately on vulnerable individuals.

### **6.11 Where it is not possible for families to use the normal arrangements for visits, the prison is proactive in taking alternative steps to assist prisoners in sustaining family relationships.**

Rating: Satisfactory

There was a Family Strategy in place that included inviting families into the prison and was driven by CrossReach and Barnardo's. This included two parent officers



with a member of SPS staff seconded to support Barnardo's. There was an effective risk assessment in place, with due diligence being supported through the prison and Community-based Social Work (CBSW).

The Inclusion Team also connected with any individuals who appeared not to be engaged in utilising family contact to provide support and encouragement to connect with family and friends.

The 'email a prisoner' service was utilised on a frequent basis and ensured family contact was maintained.

There were five virtual visit booths available that could be booked during each visit session. However, this was dependent on the enemy list, with priority given to the individual who was having a visit within the hall. The uptake of virtual visits was very positive and continued to be utilised frequently across the prison population.

Cumulative visits were considered in line with the SPS guidelines. Should any applications be submitted, consideration was given if the individual did not receive visits in HMP YOI Polmont for a six-month period. There were no recent applications on file.

HMP YOI Polmont encouraged family members to attend Integrated Case Management (ICM) discussions and case conferences for individuals, subject to TTM procedures, to allow family members to participate and provide valuable input.

Similarly, to findings from other inspections a video link to funerals had taken place, where recently the Chaplain had made arrangements for family funerals to be watched via the link provided from the family/funeral director, as it was not possible for the young men to attend in person.

Staff, young people and women across the establishment were able to describe the various ways in which family contact could be accessed and maintained without visiting the prison.

As reported in QI 5.6, a number of foreign national young men held within the establishment were entitled to an additional £10 per month to make calls home, which was not taking place routinely.

**6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.**

Rating: Satisfactory

During the inspection there were no young men/women subject to closed visiting restrictions. There was a robust process in place to review any person placed on closed visits on a monthly basis. This was undertaken by the Closed Visits Review Panel and included a range of individuals including the IMU, the Security Unit, the Unit Manager and Visits Officers. Regardless of the initial incident, the form clearly

indicated the period of restriction must not exceed three months, with reviews carried out monthly. Evidence was provided that confirmed this process was robust and being managed effectively. Young men/women were informed of the decision by letter. Those on Rule 95 were not subject to closed visiting restrictions unless there was due cause, and no-one had their open visits withdrawn due to poor behaviour or as a punishment. One prisoner was subject to SSM where all visits would take place under closed conditions due to the nature of his offence and the threats that had been made against him.

There were two individuals who had been banned from virtual visits and were subject to a monthly review. All visitors who had been banned were also reviewed, and they could submit an appeal that would also be considered, with the person informed in writing of the decision.

**6.13 There is an appropriate and sufficient range of therapeutic treatment and cognitive development opportunities as well as an appropriate and sufficient range of social and relational skills training activities available to prisoners.**

Rating: Satisfactory

There was an extensive range of activities and skills-based input at HMP YOI Polmont, that had been built up over time assisted by extremely effective close collaboration between the prison and partner organisations. Many of the activities focussed on building self-confidence and communication skills and were appropriate for the populations being served. The activities on offer included options to suit a range of abilities. Some were therapeutic in nature whilst others focussed on building employment skills.

The prison provided two programmes. Ultimate Self was available for women. The Youth Justice Programme was available for young men and aimed at their identified needs. There were a number of modules available, for example problem solving, emotions management and positive relationships. Young people and women were advised on available programmes and how to access them during the induction programme.

**6.14 The prison operates an individualised approach to effective prisoner case management, which takes account of critical dates for progression and release on parole or licence. Prisoners participate in decision making and procedures provide for family involvement where appropriate.**

Rating: Generally Acceptable

The ICM Team managed this process effectively, however this was impacting on the knowledge of the residential officers. Most young men spoken to were aware of the identity of their personal officers, however they indicated that there was little or no interaction with them. Women were more positive with their interactions with their personal officer, and this was evidenced with weekly and monthly discussions taking place. The women were aware of who their personal officer was and described the support they received from them during ICM case conferences and attendance at

RMT. Residential staff indicated that they had little understanding of the ICM and core screen process or updating the community integration plan. They were unsure of the criteria for gaining progression or home detention curfew (HDC) qualifying dates.

Although it was entirely possible for young men to progress to HMP Castle Huntly in appropriate circumstances, inspectors found that there was little awareness of the facility and those affected were very keen to know more.

Residential staff indicated that they were aware of the personal officer scheme, however advised that they had not received any formal training. They did not take part in the core screen and ICM process. Most did not know about the community integration plan. They were aware of the responsibility in supporting the young men as their personal officer, but for a range of reasons, often another officer would attend any case conferences/RMT meetings.

For the staff who were knowledgeable in this area, this was down to self-directed learning. Attendance appeared to be more important than the ability to provide a comprehensive report for the young person. This had resulted in little understanding of the ICM process by both young persons and residential officers.

The ICM Team were very effective in their understanding and knowledge of core screen, integrated case management, RMT processes, community integration plans, risk and needs assessments.

**Recommendation 58:** A training package for residential officers tailored to the ICM and core screen process should be delivered. This would allow residential officers to become more involved and provide valuable contributions to the process.

**Recommendation 59:** Information should be widely available on the progression criteria to move to HMP Castle Huntly.

### **6.15 Systems and procedures used to identify prisoners for release or periods of leave are implemented fairly and effectively, observing the implementation of risk management measures such as Orders for Lifelong Restriction and Multi-Agency Public Protection Arrangements.**

Rating: Satisfactory

The Establishment had SOPs in place for both Order for Lifelong Restrictions (OLRs) and Multi-agency Public Protection Arrangements (MAPPA). There were no young men or women subject to these conditions at the time of the inspection.

The RMT had representation from a range of departments across the prison. In particular the ICM Team, Prison-based Social Work (PBSW), Psychology, ICM and personal officers. It was chaired by the Deputy Governor. It was clear that considerations of risk were scrutinised and discussed in full with Social Work and Psychology. The RMT process was managed effectively by the Deputy Governor.

Observations of the RMT found that it was thorough and appropriate and considered all relevant risks. The woman being considered for progression to less secure conditions was included in the meeting and given the opportunity to contribute, being supported and guided by her personal officer. The ICM officer presents the case for consideration and provides the RMT with an overview of the case in question. Young people and women were encouraged to submit self-representations prior to the RMT taking place and were invited to attend on the day.

The outcome of the RMT was given verbally if the person was in attendance, if not it was provided in writing.

The Casework FLM had recently introduced a self-help tool for all staff, to assist in the completion of custody reports to be submitted to Parole Board Scotland within the prisoner's dossier. This was an area of good practice.

### **7.1 Government agencies, private and third sector services are facilitated to work together to prepare a jointly agreed release plan and ensure continuity of support to meet the community integration needs of each prisoner.**

Rating: Satisfactory

An emphasis on planning and preparation for release was positively reflected at HMP YOI Polmont. There was effective collaborative working across agencies, supported by a strong commitment to facilitate successful transitions to the community.

Routine scheduled contact with third sector and government agencies, via the Links Centre, ensured a suitable range of services were accessible. Agencies reported positively on their relationship with prison staff and there was consistent recognition their work was valued.

Where agencies were not based in the prison, Links Centre staff had a central role in liaising with statutory and third sector community-based services. Referrals and contacts were recorded on the prison recording system, ensuring relevant staff were well-informed of release arrangements.

Co-operative, meaningful relationships were contributing to addressing the reintegration needs of young people and women. Links Centre staff were proactive in ensuring people had access to advice and support, and significantly many personal officers were contributing to these arrangements.

Young men/women and all relevant agencies had the opportunity to contribute to release planning through the ICM. Pre-liberation arrangements were in place prior to release, ensuring transition needs were being addressed.

**7.2 Where there is a statutory duty on any agency to supervise a prisoner after release, all reasonable steps are taken to ensure this happens in accordance with relevant legislation and guidance.**

Rating: Satisfactory

For young men/women subject to statutory supervision upon release, all key agencies had the opportunity to contribute to release planning through the Enhanced ICM process. Standard ICMs were in place for short-term prisoners.

The co-ordination of the ICM process was constructively supported by having two distinct teams: one with responsibility for the Enhanced ICMs, the other for the Standard ICMs. This gave appropriate focus and attention to each.

The ICM teams and PBSW ensured that the Whole System Approach (WSA), including Looked After Children's Reviews, was facilitated for both convicted and remanded young men. This ensured there were processes for the oversight of the needs of all young men in custody.

Attendance of young men/women at ICM meetings was routine and they were supported to play a full part in these meetings. Prior to the meeting, effort was made to engage and prepare individuals and to explore the involvement of family and external agencies where appropriate.

There was continuity and clarity of roles and responsibilities across ICM and parole casework, and there was generally good co-operation across ICM staff, the Links Centre, and personal officers. Prison-based and community-based social work services were consistently attending ICMs, delivering up-to-date assessments and working in partnership to develop pre-release plans.

Parole processes were well organised and there was timely provision of information for dossiers and early identification of information gaps.

**7.3 Where prisoners have been engaged in development or treatment programmes during their sentence, the prison takes appropriate action to enable them to continue or reinforce the programme on their return to the community.**

Rating: Satisfactory

There was collaborative and timely information-gathering and planning for GPAs for all eligible young men/women. GPAs were being prepared early in sentence, starting with information identified at core screening, this had the positive effect of early identification of intervention needs to inform sentence planning.

HMP YOI Polmont delivered two accredited programmes suitably targeted at the current population: the Youth Justice Programme for young males and the Ultimate Self programme for women. These were delivered timely with no significant waiting lists and were appropriately focussed on reintegration needs.

Comprehensive post-programme reports were prepared for case management and release planning purposes.

The absence of availability of an accredited offence protection treatment programme across the prison estate, particularly for young men under 18, was acutely evident at HMP YOI Polmont. The Programmes Team and prison psychology service were delivering targeted 2:1 interventions to address some of the treatment needs arising from this gap in provision.

A comprehensive programme of life skills activities was available via the Links Centre and was delivered by a range of suitable organisations as well as prison staff. This programme included a series of approved activities focussed on personal development, wellbeing, practical living skills and recovery for those who have experienced problematic drug misuse. Arrangements were in place whereby there would be continuity for some of these activities to be delivered by partner agencies in the community on release.

**Good Practice 18:** The GPAs for eligible individuals were completed promptly, giving early indication of treatment needs and contributing positively to sentence planning.

**Recommendation 60:** SPS HQ should identify and scope delivery of an accredited offence protection treatment programme for young men, particularly for those under 18.

#### **7.4 All prisoners have the opportunity to contribute to a co-ordinated plan which prepares them for release and addresses their specific community integration needs and requirements.**

Rating: Generally Acceptable

Young men/women were for the most part able to actively contribute to release plans: describing having been included in planning; being able to understand key processes; having opportunities to contribute to reintegration arrangements; and feeling that they were respected and heard. ICM and Links Centre staff were central to enabling these arrangements and to facilitating an individuals' participation. Personal officers also had a key role in planning and release preparation.

Although the personal officer role had been reinvigorated at HMP YOI Polmont and had seen some improvements in personal officers' capacity to contribute to case management there were still some improvements to be made. Staff, and young men/women noting there was still a need for continued attention and improvement to further enhance this area of practice in empowering individual participation in planning.

Positive progress had been made with the implementation of the WSA. Engagement with community-based lead professionals was positive, supporting young people's involvement in continuing care arrangements.

Staff and young men reported that continued development of this approach, including further refinement of the implementation of the innovative Positive Futures Plans (PFPs), would further enhance this area of positive practice. This was primarily around staff and young men having a better shared understanding of the



place and purpose of the PFPs in transition planning and continuing care arrangements.

**Good Practice 19:** Staff at HMP YOI Polmont had embraced the responsibility for implementing the WSA for young people. Positive progress had been made in engagement with community-based lead professionals and access to Child's Plans, supporting continuous care for young people.

**Recommendation 61:** HMP YOI Polmont should ensure there is continued development with the establishment's reinvigorated role of personal officers in planning and case management, including the PFPs. This would enhance recent positive developments in personal officers' contributions to transition planning for women and continuing care for young men.

## **7.5 Where the prison offers any services to prisoners after their release, those services are well planned and effectively supervised.**

Rating: Satisfactory

The prison did not directly deliver any service to young men/women once liberated.

A number of well-established external services had a routine presence in the prison to build relationships with individuals and to support the transition from custody to the community. This was provided for both short and long-term sentenced young men/women and for some individuals on remand where specific need was identified.

There was a multi-disciplinary commitment to planned and co-ordinated support to encourage young men/women to engage with services based in the community. Links Centre and ICM staff demonstrated their key role in ensuring individuals were aware of community-based support, including community supervision services and local authority voluntary throughcare services.

## **8.1 The prison's Equality and Diversity (E&D) Strategy meets the legal requirements of all groups of prisoners, including those with protected characteristics. Staff understand and play an active role in implementing the Strategy.**

Rating: Satisfactory

The establishment had a positive approach to Equality and Diversity (E&D) led by the Governor-in-Charge (GIC), Senior Management Team (SMT) and the staffing groups. Staff appeared to understand the importance of E&D and were knowledgeable in sign posting individuals that needed extra support, including access to translation services, an area that is not always reported positively in our reports. In December 2022 a refresh of the E&D strategy was undertaken. The outcome was to review if the local E&D strategy was fit-for-purpose. There were two E&D meetings. A strategic meeting attended by the GIC, Deputy Governor, the E&D Manager and Heads of function, the other the local E&D meeting. Part of the refresh was to reduce those attending E&D meetings to enable the E&D Manager to refocus the E&D agenda and to carry out a present position audit on how E&D was functioning. An action plan was put in place with work streams and key dates. From

this action plan a robust information gathering exercise was undertaken to identify any gaps in the support of those with protected characteristics. Actions were identified and tasks undertaken. It is worth noting some areas for improvement such as:

- Ensuring that any disciplinary reports where there is an element of discrimination involved is reported to the E&D Co-ordinator.
- Statistical information is captured and communicated.
- Ensuring FLMs are aware of best practice with regards to dealing with E&D, that is dealing with EDFs (with only two EDFs in the last seven months it is the opinion of the E&D manager that they might be missing some due to a lack of understanding of the process).
- Sufficient foreign language material in the library.
- Ensuring there is prisoner representation at E&D meetings.

However, there was no evidence of any surveys taking place to ask those that are affected most by the policy change what they thought.

The most recent E&D meeting had a quorum of four staff and two prisoners. One area was not represented. Although it was proving difficult to get a volunteer from that area, the E&D manager would continue to request representation. E&D meetings produced minutes and an action log which was available in different areas of the prison as well as on the local SharePoint site. As the strategy is developed, HMIPS will keep a keen eye on areas of development such as the introduction of staff and prisoner ambassadors, exploration of various communications strands, more prisoner and family events and the further development of the E&D core group.

The E&D manager sends out weekly E&D statistics on admissions so FLMs in their respective areas know to meet with those that may require additional help. One of the Chaplaincy Team also meets with every admission. In general translation services were reasonably well used, better than in most prison inspections, and were seen to be used on admission, in case conferences and adjudications, but there were still areas to improve where people were slipping through the net. The E&D manager attends the quarterly National E&D Managers forum, chaired by a GIC.

## **8.2 Appropriate action has been taken in response to recommendations of oversight and scrutiny authorities that have reported on the performance of the prison.**

Rating: Good

HMP YOI Polmont had a robust and effective system for tracking progress against issues raised by scrutiny and oversight organisations. The Business Improvement Manager (BIM) had an impressive array of trackers and action plans to ensure that HMP YOI Polmont were focused on being an efficient business performer. Actions were communicated and dealt with on a regular basis. The BIM met with the GIC and the SMT on a regular basis and presented to the Performance Assurance Meeting (PAM). The PAM presentation captured all aspects of the prison's performance. There were many good examples of action plans and trackers in place, the Prison Resource Library audits (PRL) being an example. Each PRL was



timetabled to give advanced warning to those due to carry out these audits and monthly reviews were in place. Any non-compliance to these PRLs were noted, and required actions identified and closed off when appropriate to do so. In most cases it appeared that the PRL audit was undertaken by a manager out with the area, a recommendation that has been made to other establishments.

HMP YOI Polmont had a HMIPS recommendation tracker from our previous full inspection report 2018. However, the BIM did not have responsibility for dealing with these recommendations, which had fallen to the single point of contact (SPOC) who had recently updated some of the recommendations. HMIPS suggest that when the new action plan is sent to the prison it should fall under the BIM's responsibility so they can feed back progress to SMT regularly.

Other levels of scrutiny such as IPM reports were discussed at the business meeting and actions were identified and outcomes recorded.

The way in which scrutiny was undertaken at HMP YOI Polmont gave inspectors confidence that the prison was committed to appropriate action in response to issues brought to its attention by internal and external scrutiny.

**8.3 The prison successfully implements plans to improve performance against these Standards, and the management team make regular and effective use of information to do so. Management give clear leadership and communicate the prison's priorities effectively.**

Rating: Satisfactory

With substantial evidence that the prison tracked and actioned recommendations made by scrutiny bodies, the proof is in the outcomes. The HMIPS Inspector of Prisons for Scotland had worked with the previous incumbent responsible for tracking HMIPS recommendations and had been working through each of the 60 recommendations made in the 2018 report when COVID-19 hit. Apart from some dip testing since COVID-19 restrictions were lifted, there had not been an opportunity to comprehensively review the recommendations.

The recommendation tracker highlighted updates up to the start of this inspection as stated in QI 8.2.

It is pleasing to report a positive response to a previous escalated recommendation:

'The Scottish Government should look to remove the discriminatory practice and introduce automatic and appropriate financial support to under 18s on release from prison'.

This has now been met and all prisoners being released regardless of age receive the same amount of money.

Inspectors were content with the level of communication to staff. There were a number of avenues utilised including e-mails, staff notices and GIC coffee cup chats. Staff meetings were held regularly in all areas of the prison. Inspectors attended a

staff meeting where the FLM updated staff on recent changes and explored issues both for the area and the prison in general.

Staff accessibility to SMT was important for engagement and good communication. Since the arrival of the current GIC, a number of the SMT had changed and visibility of the SMT had increased significantly. The overwhelming view of those that work and live in the prison was that the new SMT were working well and had made a very positive impact on the establishment. Most SMT manned the daily movement of the population to work and education, and are continually in all parts of the prison, resulting in the SMT being more open to questions from staff and prisoners on a regular basis.

**8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison, and are trained to fulfil the requirements of their role. Succession and development training plans are in place.**

Rating: Generally Acceptable

Throughout the inspection, inspectors reported on the positive relationships, motivation and commitment of all those that work at HMP YOI Polmont in supporting those they looked after. Inspectors reported seeing positive interactions between staff and prisoners and efforts made to ensure that prisoners were supported and safe.

Both uniform and non-uniform staff were questioned on how their roles contributed to the priorities of the prison, and they were not always able to articulate the connection between their daily duties and the prison's priorities. Although it is important staff understand where they fit into the bigger picture, staff had a good understanding as to what their role required them to do and by doing so unknowingly supported the prison's direction of travel and its objectives.

On checking the prison Annual Delivery Plan (ADP) it was incomplete with regards to milestones, actions and timescales. However, as the prison had not yet received the annual corporate plan from SPS HQ this was understandable.

Inspectors met with the Learning and Development (L&D) Manager to discuss training and succession planning. As reported earlier in this report, a number of core training requirements were lacking in compliance. The L&D Manager was aware of this and had a number of training plans in place, but it would be a slow process and take careful planning. There were some challenges in getting instructors and staff offline to carry out and complete training. The new C&R2 had recently been brought in and the whole of the uniformed group had been trained. The L&D Manager was well aware that annual refresher training had to be carefully planned to minimise disruption to the prison next year, when all staff would be out of competency within a short window, and this had to be spread out.

In discussion with the L&D Manager, it was clear that, as we have seen in other prisons, staff were still struggling to grasp the new concept where it was their responsibility to book training and remain in competency. Something the prison will have to continue to work on.

When looking at the amount of training to attend it appeared that there were not enough allocated hours to cover it.

**Recommendation 62:** The prison needs to ensure staff core competencies are brought back up to an acceptable level.

### **8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.**

Rating: Satisfactory

The SMT and FLMs were able to demonstrate a good understanding of others functions and the value they placed on staffing groups, however this was not always the case at lower grades. Some staff reported that there were challenges in getting their jobs done due to staff not fully understanding how their area worked or the processes they had to follow. Differing priorities were also mentioned.

However, inspectors observed many examples of good working relationships between different staff groups. Staff were able to sign post to different support agencies and the evidence would suggest that there was an appropriate level of understanding to enable the prison to function well. Interestingly staff from various groups thought it would be a good idea to introduce open days or drop-in sessions so they could better understand each other's roles.

The GIC was very much 'hands on' with regards to relationships with all staffing groups and could be seen, along with his team, around the prison on a daily basis. Both staff and prisoners reported that they were approachable. From the previous inspection and the various times HMIPS have visited the prison, there appeared to be a positive change in the atmosphere. The IPM Team also remarked on the improvement in their relationship with the SMT, and in particular the GIC and his Deputy, and also highlighted real improvements with the engagement and motivation of staff.

Staff meetings with FLMs in the halls were held regularly, with minutes produced to keep staff well informed on any issues or changes in work practices. Inspectors attended one such meeting and found it informative and constructive. The Unit Manager also attended and issues such as the new regime, more work parties for protections and remands were part of the discussion.

It is important to note that since the GIC arrived, 10 of the previous SMT had moved on. This offered both challenges and opportunities, with managers requiring time to become familiar with the prison but also bringing in fresh ideas. It was still a work in progress and would continually evolve. HMIPS will take a keen interest in watching this evolution.

**8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.**

Rating: Good

Similar to other prisons, HMP YOI Polmont had experienced high absent rates in terms of days lost over recent years, making it a challenge for the prison to function at full capacity. However, over the last 12 months the prison had made substantial inroads in reducing the levels of absence from a daily rate of over 100 staff on sick absence to under 20. The drop in absence levels have been impressive and the weekly staff management meeting had been a real influence in these numbers. Inspectors joined the meeting, attended by HR, PLRs, GIC, Deputy Governor with Unit Managers attended in turn to report in their own areas, which ensured confidentiality was kept to a maximum. The focus was in getting staff back to work and identifying what support was required on their return. It was an open and transparent meeting between employers and union representatives. The meeting discussed the current absence situation, any capability or retirement issues as well as how they could support those wishing a compassionate transfer.

The prison recognised those with long service by informing staff via e-mail. The GIC presents badges to those with outstanding service and good conduct for 20, 25 and 30 years. However, there was no record on display for those that met those milestones. Although not a recommendation, HMIPS have always positively commented where prisons have them on display and would ask that the GIC considers this for the future.

There was a staff recognition committee who considered submissions from staff via the HR department. The committee consists of the GIC, HR, Business Improvement Manager, PLR and prison staff; unfortunately, staff attendance was poor. HMIPS would encourage staff to get involved and help recognise their peers. Staff have also been rewarded for their good work by the Butler Trust and other awarding bodies.

Poor performance could be managed in a number of ways, including the staff appraisal system or probationary reports. Where there were performance issues such as poor use of procedures or processes, a training plan was put in place to bring staff back up to a satisfactory level if deemed appropriate. More serious charges meant a full code of conduct investigation was carried out by SPS HQ and there was a formal outcome. Misconducts were reported as being down from the previous year.

As reported in previous inspection reports, the 'Performance Feedback Portfolio' as part of the appraisal process has nowhere to record poor performance. Also, the reporting system is such that HR only track the end of year reports, so had no way of knowing if reports were up-to-date until the end of the reporting year.

HMP YOI Polmont offered a number of opportunities for staff to gain experience at a higher level via an 'act up' scheme. This was not unfamiliar territory, with most if not all prisons having these opportunities. However, in this case HMP YOI Polmont had

a particularly extensive and comprehensive mentoring scheme to support those wishing to progress within the SPS. Staff were given mentors regardless of what grade they are acting up to. This helped staff understand the role for which they wished to progress, but also improved the service delivery of the prison. All projects had a mentor and a sponsor and reported to a project board. The prison was clearly taking the work of those acting up seriously and staff involved confirmed this. The success of these schemes was evidenced by the latest progression boards, where nine out of 11 D to E grade were successful and three of five from E to F. This process is good practice.

**Good Practice 20:** A comprehensive mentoring scheme for those wishing to gain progression to the next level.

### **8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.**

Rating: Good

During the inspection, there was good evidence that the prison was effective in fostering positive working relationships with internal service providers, the SPS and the wider justice system. Along with the obligatory SPS meetings attended by the SMT, staff also attended meetings with internal partners and external stakeholders. Looking after two of the most vulnerable groups in the prison system had resulted in a multitude of services offering support to those within the prison. There was good evidence of information sharing and support with a number of support services. Carrying out robust assessments such as GPAs enabled the prison to sign post prisoners to the right support. Some of those in the prison came from the secure care setting and this could be a daunting prospect. To minimise the apprehension of this group a FLM met regularly with secure care providers to help ease the transition of young people to the prison, including prison visits by the young person before transfer. Other examples include the youth work carried out by Barnardo's (see Annex F), Committed to Ending Abuse (CEA), working with Police Scotland (Teambuilding and leadership), the Scottish Fire and Rescue Service (positive choices), Paws for Progress and the Duke of Edinburgh Award where young people will be camping out in HMP Dumfries grounds. Also, good examples of partnership working were "Understanding relationships" co-facilitated by CEA, Police Scotland and the Community Safety Unit (CSU). The prison also had a young person on placement to assist their reintegration.

As an example of engagement with external partners, the prison held an employability event for those in their care with key internal and external stakeholders and partners. They included The Verdancy Group, Tigers Ltd, Springboard, Celtic FC Foundation, Rangers Charity Foundation, Anna Walls Consultancy, Fife College and Barnardo's Scotland, this was to mark world youth skills day.

Similar to other prisons, for those planning to visit the prison there was a corporate website which informed the public about HMP YOI Polmont. This information was

particularly useful to those who were visiting for the first time, where it explained where the prison was and what to expect when you arrive.

### **8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media.**

Rating: Satisfactory

Similar to other SPS prisons, the vast majority of external media engagement was managed by SPS HQ. The prisons submitted information to the SPS communications team who posted it on the SPS twitter account. Recent examples included a Christmas message supporting families visiting HMP YOI Polmont, a visit by the Livingston Football Club Manager who talked about his experiences in the judicial system, and that the visitors centre had become the first centre to win a breast-feeding friendly award. Other subjects posted were around employability days.

### **Quality Indicators**

#### **9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.**

Rating: Satisfactory

Good systems and processes were in place to provide health screening to admissions and transfers to HMP YOI Polmont. This included an assessment of the person's immediate mental and physical health requirements to ensure they are fit for custody.

Inspectors noted a workforce focused on delivering a person-centred approach to health screening. This included a respectful and responsive approach, with an emphasis on ensuring that patients were given the right information in a way they could understand to support informed decisions about their care. This was underpinned by robust governance processes, guidance and training for staff.

Due to high prevalence rates of mental health and substance use issues in the prison population, NHS Forth Valley had RMNs undertaking all health screening assessments. Utilising skilled and competent RMNs in all health screening assessments helps to ensure that patients at risk of self-harm or suicide are identified through the prison's suicide prevention strategy: TTM. Screening for substance use would also be undertaken at reception by the RMN who had competency in Patient Group Direction (PGD) guidelines. Using validated withdrawal scales and clinical assessments ensured that people were assessed, and if clinically indicated, were prescribed appropriate medication.

Following screening people who were assessed as requiring further follow-up were assigned to the Healthcare Team to be actioned the following day.

The room used for the initial screening was spacious and all equipment was clean, and ready to use in line with infection prevention and control guidance. Staff



indicated how they would decontaminate equipment after use with recommended products that met the standards for effective infection prevention and control.

A SOP was in place to ensure all relevant patient background information was gathered and considered as part of the patient's overall assessment. However, there were often delays in the time it took to receive information from courts or external services. This could have a detrimental impact on a patient's assessment in identifying any underlying healthcare conditions and any potential interventions relevant to their needs and risks. This is concern. To mitigate this, inspectors were told that there was continued engagement with SPS, NHS and external services to improve communications.

Staff were able to describe what steps they would take if someone was not fit for custody.

The ongoing national issue of late arrivals into prisons continued to be an issue for HMP YOI Polmont. While prisoners would have access to person-centred health screening during working hours, inspectors observed that people who were admitted to the establishment after 9.30 pm did not receive the same health screening. SPS staff would place the prisoner on 15-minute observations overnight until they had seen a nurse the following day. This is a concern. Health screening should be undertaken by a registered health professional to ensure that people coming into custody have their immediate health needs assessed and any health concerns identified and actioned. The SPS would have access to out-of-hours medical services if required. However, there is a risk that SPS would not have the most up-to-date relevant healthcare information to identify if a prisoner was deteriorating or required healthcare intervention if prisoners had not received a health screening. NHS Forth Valley and the SPS collected data for monitoring and discussion at appropriate governance forums and the late admissions risk was recorded and monitored through NHS Forth Valley Corporate Risk Management Register.

On admission and as part of their screening process all patients in HMP YOI Polmont were provided with primary care and mental health patient information leaflets. This included information about how to refer to healthcare services. These leaflets were developed by the MDTs with support from the speech and language therapist (SaLT) service and were easy read versions appropriate for patients with literacy challenges. This is good practice. Interpretation services were available for patients, if required.

**Recommendation 63:** HMP YOI Polmont and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.

**Recommendation 64:** NHS Forth Valley should develop a SOP for people arriving to custody who are unfit to remain.

**Good Practice 21:** All new patients in HMP YOI Polmont are provided with primary care and mental health patient information leaflets on admissions. These leaflets were developed by the MDT teams with support from the speech and language therapist and were easy to read versions.



## **9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.**

Rating: Satisfactory

The healthcare services in HMP YOI Polmont and the model of care delivery supported accessible and co-ordinated person-focused care.

The healthcare service in HMP YOI Polmont was delivered using GPs, Advanced Nurse Practitioners (ANPs) and nurse-led clinics. This was supported by an out-of-hours GP service. If the GP or ANP was not on-site during core hours, they could be contacted for advice and support. All patients were seen by a GP, ANP or nurse the day after admission. It was only those who had been identified as requiring input as part of the admission screening process, including those with long-term conditions who were listed for the relevant clinic.

Healthcare Assistants (HCA) would routinely visit prisoners who were admitted into the prison the following day to provide further information on how to access healthcare, discuss any health screening information and to ask if the person had been able to make contact with their family and/or friends. This is good practice. Information would be gathered on a standard template, reviewed by a registered nurse and recorded into the patient's clinical record. Medicine reconciliation was carried out as part of the admission process which is reported under QI 9.8.

Referral forms were available for people to self-refer to healthcare. These were in easy read format with pictures to support patients with literacy issues. Inspectors did not see referral forms in different languages but were told these could be obtained if required. Lockable boxes were seen in the residential areas for patients to confidentially post their self-referral forms.

Patients are informed when they had been given an appointment for a particular clinic and are given an indication of the likely waiting times for that clinic. At the time of the inspection, the waiting times to see a GP, ANP or to attend a nurse clinic were in line with current general practice waiting times.

Some patients had missed their secondary care appointments (such as hospital and nurse specialists) due to variations in the performance of the prisoner transport provider, GEOAmeY. This has been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP YOI Polmont continues to collate and present this data at the national prisoner healthcare network and supports patients who have missed appointments to be reappointed.

The Healthcare Team reviewed upcoming secondary care appointments, to identify which appointments should be prioritised. Those appointments that needed prioritised were discussed with SPS staff to see if they could support transport to the appointment, if GEOAmeY were unable to do so. This is good practice. An incident reporting system IR1 form was completed where a missed patient appointment is a cause for concern.

All healthcare staff were trained to basic life support level. Training records showed the majority of staff were compliant with this training. Emergency equipment, which included automated external defibrillator, oxygen and suction units, was accessible and ready for use, and emergency drugs were in date. There was evidence of emergency equipment being checked and emergency equipment checks being audited.

A SOP was in place to support decision making for emergency or minor injury care, and an electronic referral system for minor injury advice was available. The GP or ANP supported the care of emergencies in hours, whilst out-of-hours, the out-of-hours GP service or 999 ambulance was available.

At the time of the inspection, there were no patients requiring social care at HMP YOI Polmont. If this was required, it would be discussed with SPS who would provide social care through a regulated care agency.

**Recommendation 65:** NHS Forth Valley should ensure referral forms are available in the most common languages spoken in HMP YOI Polmont.

**Recommendation 66:** HMP YOI Polmont and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

**Good Practice 22:** Healthcare Assistants visit prisoners following admission to provide further information on how to access healthcare and discuss any health screening information.

**Good Practice 23:** The primary care team leader reviewed the upcoming secondary care appointments with the support of a GP or ANP, if required, to identify which appointments should be prioritised. Those appointments that needed prioritised were discussed with HMP YOI Polmont staff to see if they could support transport to the appointment, if GEOAmev were unable to do so.

### 9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.

Rating: Good

Blood Borne Virus (BBV) screening is undertaken on admission and a patient has the opportunity to opt out of testing at this point. Further opportunities for BBV testing were also available for patients who had opted out at admission. HCSW-led clinics were held twice weekly to carry out BBV screening, allowing the specialised sexual health nurse to focus on the more complex clinical cases.

Access to national screening programmes continued in line with community provision and eligible patients were sent screening invitation letters. These were received by administration staff to send to the patients. Healthcare staff would encourage patients to attend screening when invited, as part of a health promotion approach.

Health promotion support materials were available in other languages and formats.

At the health screening process on admission, patients were asked if they wish to participate in smoking cessation. The smoking cessation service was available for those wishing to become nicotine free from using vaping devices through Nicotine Replacement Therapy and behaviour change support. Following COVID-19, 'Quit your way' to smoking cessation had been reintroduced as a service. The SRT had undertaken training to support delivery of this service.

Health and wellbeing information, including current clinic waiting times, were shared through televisions located in patient cells. This is good practice.

As described in QIs 9.1 and 9.2 easy read information leaflets were available to prisoners as well as access to interpreting services where required.

Naloxone, which can reverse the effects of an opioid-related overdose for long enough for professional medical intervention, was available for patients in the form of injectable and nasal naloxone kits. There was a proactive approach by the Healthcare Team to provide training to patients and all patients had access during pre-liberation appointments with the SRT. This was good practice.

A 'mouth matters' programme<sup>1</sup> was offered to patients as described in QI 9.9.

**Good Practice 24:** Health and wellbeing information and current clinic waiting times are shared through televisions located in patient cells.

**Good Practice 25:** Injectable and nasal naloxone kits and training remained available to patients through pre liberation appointments with the SRT.

#### **9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.**

Rating: Good

Staff understood health inequalities and were knowledgeable about the potential barriers that patients could face when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients. Observed interactions with patients were supportive, with staff providing explanation of care while gaining the patient's consent.

Trauma-informed practice and psychological informed care support (PICS) training was available to all staff. This allowed staff to develop their understanding of health inequalities and the barriers, stigma and social deprivation that patients may have experienced, and how this can impact on healthcare needs and engagement with services and treatment. There was evidence of trauma-informed practice embedded through staff awareness, observations of delivery of care and a high compliance with training available online.

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<sup>1</sup> *Mouth Matters* is an evidence-informed oral health promotion resource designed to enable health professionals, prison staff and support workers to meet the specific oral health needs of offender populations in Scotland.

Modules on equality and diversity were available online and there was evidence of compliance with these for the majority of staff. Inspectors spoke to staff who were aware of the Equality Act 2010 and could signpost them to where the up-to-date policies were available on the staff intranet.

### **9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Satisfactory

The mental health team undertook all triage, risk assessments and mental health assessments using validated tools on the Care Partner system<sup>2</sup>. Following the assessment being recorded on Care Partner, it would be transferred to Vision for all the Healthcare Team staff to access to support an integrated approach to patient care with the wider multidisciplinary team. As well as assessing risk, all assessments and triages would record current and historic mental, medical, family and drug/alcohol concerns to complete formulation and a plan of care.

Patients were fully involved in their assessment and had the opportunity to discuss the purpose and outcome of the assessment.

The patient care plans reviewed were comprehensive and had individual person-centred outcomes, jointly developed with the patient which reflected their goals. Patients had regular reviews where they were able to discuss and review their care.

At the time of the inspection, access times to assessment and treatment for people referred to the service was good. Referrals were triaged and patients were seen within 48 hours if urgent, and within five days for a routine triage referral. Patient referrals were discussed at the CTM and if appropriate, the patient would be allocated to a clinician to receive treatment or a further assessment.

At the time of the inspection, there was a two-week wait for routine patient referrals for the psychiatry service. However, if it was urgent the person could be seen that day. Although the longest waiting time for clinical psychology could be 18 weeks, people could be seen sooner depending on the type of treatment and intervention required. The Psychology Team also supported the multi-disciplinary team, by offering complex case discussions or support with individual care formulations.

Weekly CTMs took place which had a wide range of clinical representatives from the Mental Health Nursing team, forensic consultant psychiatrists, clinical psychologists, mental health occupational therapists (MHOT) and SaLT. The topics discussed at this meeting included referrals, assessments, patients of concern, those on TTM, medication changes, and discharge. Overall, there was good clinical attendance and representation at this meeting, however, there was no attendance from the SRT team. During the inspection observation of both the CTM and the weekly SRT

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<sup>2</sup> Care Partner is the digital platform for mental health assessments, care planning and management of the patient's journey

meetings revealed a high number of the same patients being discussed at both meetings, with no mechanism to share insights and progress of the plan of care from each team. This is a concern as this could potentially delay decisions in care planning and treatment for patients and hinder decision making regarding planned interventions. This could also lead to duplication in work and increased workload for staff.

A wider cross organisational multidisciplinary team meeting was held weekly which included representatives from SPS, mental health nurses, forensic and clinical psychology and social work to discuss and co-ordinate care for complex prisoners. Inspectors observed that this supported the delivery of person-centred and co-ordinated care and support.

Since the previous inspection, NHS Forth Valley had developed a robust training and supervision package for the mental health team. This included mental health nurses completing a Mental Health Assessment competency framework as part of their induction. This provided assurance that they were skilled in communication, assessment and treatment planning, and that areas where additional support was required to develop these skills were identified and progressed. Clinical psychology and the NHS Forth Valley Lead Mental Health Nurse also facilitated a monthly Reflective Practice Group meeting for the Mental Health Team.

MHOT and SaLT staff had completed training in Safety and Stabilisation, and Essential Child and Adolescent Mental Health Services (ECAMHS) training as part of a mandatory training requirement for all clinical staff. This is good practice because ECAMHS training is evidence-based training which is person-centred to promote positive outcomes for children and families. Mental health nurses would also attend a supervision session delivered by an ECAMHS assessor.

Neither a neurodevelopmental pathway nor a SOP was in place in HMP YOI Polmont. However, inspectors were told that a multidisciplinary neurodevelopmental group was established to develop a neurodevelopmental pathway. The group meets regularly to share information from research, conferences and other established services. We were told that this will determine best practice and staffing required for establishing a pathway in HMP YOI Polmont.

There was access to NHS Forth Valley's Additional Support Community Team for Learning Disability on a consultative basis if required.

A process is in place for patients requiring transfer to an inpatient setting for mental health care. This included a SOP to ensure any delay in transfer was escalated to the Medical Director, Executive Leadership Team, Mental Welfare Commission and the Scottish Government at the earliest opportunity. We were told that there could be delays in securing beds mainly for high secure female forensic beds.

As HMP YOI Polmont is a national prison, there could be some inconsistencies with receiving community teams in how referrals are accepted, or the referral criteria used. Inspectors saw that on liberation, a discharge summary was provided by the GP or ANP to the patient.

**Recommendation 67:** NHS Forth Valley should review how patients who are receiving mental health and support from the Substance Use and Recovery Team are reviewed and managed.

**Recommendation 68:** NHS Forth Valley should develop a neurodevelopmental pathway as a priority.

### **9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Good

As described in QI 9.1, patients with long-term conditions were identified as part of the admission health screening. A long-term conditions register was in place with patients' care being managed by the GP, ANP or in nurse-led clinics.

There were link nurses in place for some long-term conditions with links to community services to help support the management of long-term conditions.

A long-term conditions nurse had recently commenced their post to support the care of patients with long-term conditions in HMP YOI Polmont. This is good practice. This nurse described their own development, their role and how they intended to develop the service to ensure patients with long-term conditions were supported and had their care managed appropriately.

There was evidence of care plans in place for patients with long-term conditions. Care plans viewed were person-centred and outcome-focused and were completed on paper before being uploaded to the patient's electronic record. Care plans were seen to be signed by the patient, indicating they had agreed to them. There was evidence of patient reviews taking place and care plans being updated. Healthcare staff told inspectors that patients were offered a copy of their care plan.

Wound charts were being used, and the wound chart reviewed was well completed. Anticipatory care plans were in place for patients who required them. Those patients identified as having difficulty with their activities of daily living or identified as frail through screening, had further assessments in NHS Forth Valley's assessment and care plan booklet completed. Assessments completed include BRADEN skin assessment and MUST (Malnutrition Universal Screening Tool). This is good practice.

System and processes as described in QI 9.2 were in place to access social care for patients who required this. Rehabilitation Support Workers based at HMP Glenochil, or the community ReACH team were able to assess patients and obtain assistive equipment if required to promote patients' independence.

The SPS was able to access limited information about long-term conditions or specific medical conditions and treatments using the PR2 system. This allowed SPS officers to provide timely and appropriate support to patients when required.



**Good Practice 26:** A long-term conditions nurse had recently been appointed to support the care of patients with long-term conditions in HMP YOI Polmont.  
**Good Practice 27:** Those patients identified as having difficulty with their activities of daily living or identified as frail through screening, had further assessments in NHS Forth Valley's assessment and care plan booklet completed. Assessments completed include BRADEN skin assessment and MUST (Malnutrition Universal Screening Tool).

**9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Generally Acceptable

As described in QI 9.1 patients requiring support with drug and/or alcohol dependence were identified at health screening during core hours using a validated screening tool, and if clinically indicated, were prescribed appropriate medication on arrival to the prison. If prisoners arrived out with core hours, they would not receive a health screening assessment and would need to be reviewed the following day. This is a concern as referenced in QI 9.1.

For new admissions to the prison, confirmation of any OST was part of the health screening process with access to prescribers to commence timely OST.

Observation of care planning and assessment showed that patients referred to the SMT had individual person-centred and outcome-focussed care plans, which reflected their support needs. There was evidence of patient involvement in writing their care plans which were regularly reviewed, monitored and updated by the patient and their caseworker.

There could be delays for people to have their OST prescriptions reviewed and adjusted because a COWS assessment would need to be carried out as part of the monitoring process. A lack of available staff to undertake the COWS assessments could result in a delay to OST dose adjustment. At the time of the inspection, only registered nursing staff from the Primary Care and Mental Health Team were trained to use this tool. The SRT would request a COWS assessment. However, due to work commitments within their own team, there were delays in this assessment being undertaken. Delays in commencing treatment could mean patients experiencing withdrawals for a longer period of time. This is a concern.

In the community, band 4 HCSWs in NHS Forth Valley's SRT can assess people using COWS. To align with community services the SRT leader was going through NHS Forth Valley's clinical governance channels to enable the HCSWs in the SRT team to undertake COWS assessments. This would support faster access to OST if clinically indicated.

Unlike the Alcohol and Drug Partnerships in NHS Forth Valley, there was no clinical prescribing guidelines in place for the prison. The benefits of having clear prescribing guidance within SRT enables teams to safely and effectively prescribe treatment in order to improve treatment programmes. The guidance should also



cover the specific challenges related to treatment of substance use and the potential risks involved. It should also make sure that prescriptions are based on sound evidence and delivered by skilled and supported professionals. The team leader was in the initial stages of drafting clinical guidance for the prisons in NHS Forth Valley as a priority, and this should be progressed.

There was limited evidence of promoting patient choice for OST in line with the MAT standards at the time of the inspection. OST was limited to Buvidal and methadone. Espranor would not be prescribed or offered for OST. However, if a patient was transferred from another prison or if this was prescribed in the community, then it would be prescribed.

The team leader had linked in with the MIST in preparation for implementing the MAT standards. There was ongoing work to develop the SRT service across the three prisons in NHS Forth Valley with the aim to ensure a consistent approach to care and adherence with the MAT standards. This is good practice.

Patients would receive OST prior to going to court as discussed in QI 9.8.

Patients who were referred and seen by the SRT were provided with evidence-based pharmacological, harm reduction and psychological interventions. These interventions included psychosocial clinical interventions, relapse management and harm reduction interventions.

A standardised discharge planning tool was in place. This tool ensured that patients were referred to community services and information was passed to these services for continuity of care. This included the early identification of community prescribers and pharmacies.

At the time of the inspection, there were no vacancies within the SRT. This team worked closely with the mental health nurses, however as described in QI 9.5, there was no mechanism to share insights and progress of the plan of care from each team. This could potentially delay decisions in care planning and treatment and hinder decision making regarding planned interventions. This could also lead to a duplication in work and increased workload for staff. This is a concern as referenced in QI 9.5.

**Recommendation 69:** NHS Forth Valley should ensure that they have clinical prescribing guidelines for their substance use service that aligns to the principles of the MAT standards.

**Good Practice 28:** The team leader had linked in with the MAT MIST in preparation for implementing the MAT standards. There was ongoing work to develop the SRT service across the three prisons in NHS Forth Valley with the aim to ensure a consistent approach to care and adherence with the MAT standards.

### **9.8 There is a comprehensive medical and pharmacy service delivered by the service.**

Rating: Generally Acceptable

NHS Forth Valley had recently appointed a clinical pharmacist to join the Pharmacy Team at HMP YOI Polmont. They worked as part of an multidisciplinary team providing support and advice in line with local and national guidelines.

We were told that NHS Forth Valley were developing the pharmacy service with HMP YOI Polmont. A work plan has been developed to support the pharmacist to develop the clinical pharmacy service and review medicine management processes at HMP YOI Polmont.

As discussed in QI 9.1 medicine reconciliation was carried out as part of the health screening process. Prescribing was carried out by either a GP, ANP or a nurse trained as a non-medical prescriber.

It was encouraging to see that Kardex care bundle audits were completed, and any issues identified with prescribing were discussed with the responsible prescriber. Further to this, controlled drug register audits were also carried out.

Inspectors were told that cells should have safes for patients to safely store in-possession medication, however on review by HMIPS inspectors, many of these safes were found to be broken. This is a concern.

Healthcare staff told inspectors that an in-possession medication risk assessment is completed for all patients. We were told that systems and processes were in place to carry out spot checks on compliance with in-possession medications. A multidisciplinary approach was taken to discuss any issues with compliance.

There were clear and robust systems and processes to ensure all medicines were handled safely and stored securely in line with national and professional guidance and legislation. A home office license was in place for the storage of controlled drugs.

Medication was administered on a twice-daily basis. This was carried out in a calm and organised manner. The patient's SPIN and names were checked before medications were administered. However, the patient's date of birth was not consistently checked.

Concealment checks were completed where indicated. Observation indicated a supportive and professional relationship between healthcare staff and patients, as well as collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used.

Inspectors were, however, concerned to see that due to the current SPS regime, the last medicine was administered late afternoon. This meant that some medications were administered out with therapeutic times. Inspectors observed that there were

systems and processes in place to monitor the supply and administration of paracetamol that SPS officers could give to patients in the residential areas.

Drug administration charts and controlled drugs registers were generally well completed, with no overwriting. There was an example of patient-centred care where a patient who felt unable to leave their cell had their medications taken to them and administered at the cell door. Staff ensured that this was carried out safely and in discussion with SPS. Inspectors observed that one of the dispensary areas was small and not fit-for-purpose due to its size and lack of work surfaces making medication administration difficult, which could lead to drug errors being made.

We were told that there were processes in place to ensure that patients received their supervised medication, including OST, before attending court. Patients were issued with 28 days of their medication or a prescription that could be dispensed in a community pharmacy. Robust processes were in place for patients on OST being liberated or who may be liberated directly from court to ensure there was no interruption to their OST.

**Recommendation 70:** HMP YOI Polmont should ensure that in-cell safes are available and in good working order to ensure patients can store their medication securely.

**Recommendation 71:** NHS Forth Valley should ensure that staff carry out all patient identification checks so that medications are administered safely.

**Recommendation 72:** NHS Forth Valley and HMP YOI Polmont staff should continue to work together to ensure that medications are administered at their therapeutic time.

**Recommendation 73:** NHS Forth Valley and SPS staff should continue to seek a solution to ensure that areas where medications are administered are fit-for-purpose.

## 9.9 Support and advice is provided to maintain and maximise individuals' oral health.

Rating: Satisfactory

The dental surgery environment and all equipment was compliant with national guidelines. The environment was intact and visibly clean, as was patient equipment, such as the dental chair. Systems and processes were in place to ensure that all sterile instruments were appropriately stored before use and were safely transported off-site for decontamination.

As discussed in QI 9.2 inspectors saw that patients could access dental services through self-referral forms which were in easy read and picture format. Referrals were triaged by the dental team. On reviewing dental waiting times, inspectors observed that routine appointments and treatments for convicted prisoners were shorter than the current community waiting times in NHS Forth Valley. However, we were concerned that dental services for remand patients in HMP YOI Polmont were still limited to emergency care and some limited treatments.

There was clear prioritisation for emergency appointments and systems were in place for patients to access emergency dental care out of hours. Patients could also be seen by primary care staff who could facilitate the prescription of analgesia or antibiotics, if required out with the dental clinics.

There was an active programme of 'mouth matters' within the prison. A Mouth Matters team attended education and health promotion events in the prison. They supplied toothbrushes and toothpaste to prisoners and offered 1:1 support. Peer mentors were also in the process of being reintroduced to support and advise patients on dental health. The training received by the peer mentors will lead to a NES qualification. This is good practice.

**Recommendation 74:** NHS Forth Valley must ensure dental treatment for those patients who were on remand beyond six months is equitable to those who are convicted.

**Good Practice 29:** Peer mentors were in the process of being reintroduced to support and advise patients on dental health. The training received by the peer mentors will lead to a NES qualification.

**9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Not Applicable

This is not applicable as no pregnant people would be resident in HMP YOI Polmont as the prison does not have the facilities to accommodate them.

**9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.**

Rating: Satisfactory

At the time of the inspection to HMP YOI Polmont, no patients were receiving palliative care. Systems, processes and policies were in place within the prison and links had been established with community services.

The service had a palliative and supported care register and various key operational documents, and guidance should they have palliative care patients within the prison. This included a Supportive and Palliative Care Indicators Tool (SPICT), Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, and anticipatory care plans.

A process was also in place to access any assistive equipment using the Rehabilitation Support Workers or the ReACH Team.

It was encouraging to see that some staff had completed 'more than the last breath' training, which gives an overview of the physical, psychological, spiritual and social needs of patients with palliative care needs. All registered nurses had completed the newly introduced national 'confirmation of death training'.

### **9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Satisfactory

As described in QI 9.1 on arrival or transfer to the prison, every patient at risk of self-harm or suicide was assessed using a standardised health screening tool as part of the screening process. Patients identified at risk were then placed on TTM. Patients being managed on the TTM strategy would have their suicide and self-harm risk assessed at every case conference to inform their ongoing risk management.

There was process in which a mental health nurse was allocated daily TTM case conferences, including updating associated documentation. There was evidence of patients being treated with care and compassion as well as effective risk management planning between SPS and NHS staff.

As described in QIs 9.5 and 9.16 mental health nurses as part of their induction, complete a Mental Health Assessment competency framework providing assurance that practitioners were suitably skilled in communication, assessment and treatment planning and identify areas practitioners require additional support to develop these skills. Completion of ECAMHS training was a mandatory requirement for all clinical staff as discussed in QI 9.5.

A multidisciplinary team meeting was held weekly attended by SPS staff, mental health nurses, forensic and clinical psychology and a social worker where appropriate as discussed in QI 9.5.

### **9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.**

Rating: Satisfactory

Complaints, comments and feedback were managed in line NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints and feedback. Feedback and complaints forms were available in the residential units and in the patient waiting area within the Health Centre. These forms were clear and easy to understand and were in English. Inspectors were told the forms were available in alternative formats and languages if required and that patients could be supported by the patient engagement co-ordinator or personal SPS officer to complete the form.

There was evidence that all complaints had been responded to within set timescales or were allocated to professionals to investigate, and patients had received a letter informing them of this.

Until May 2023, there was a dedicated patient relations nurse to support staff locally in addressing complaints about care, supported by 0.6 WTE (Whole Time Equivalent) administrator. Inspectors were told that a patient relations nurse job description was under evaluation, following which the recruitment process will commence. Inspectors saw that the team leads for mental health services, primary care services and SRT currently lead on investigating complaints within the prison.

The prison did have a patient engagement co-ordinator who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required. This is good practice.

Staff were trained in managing complaints through training delivered by NHS Forth Valley's Patient Relations Team and online eLearning on the TURAS platform. There were clear processes to share learning from complaints regularly with the Healthcare Team.

**Good Practice 30:** The prison had a patient engagement co-ordinator who facilitated focus groups and drop-in clinics/engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.

#### **9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.**

Rating: Satisfactory

Healthcare staff had a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to those in prison.

Systems were in place to ensure the safe storage of patients' electronic records and hard copy health information. All hard copy patient records and health information were securely held in locked rooms that were out of public access.

All staff spoken with indicated that the relationship between healthcare staff and SPS staff was cohesive and supportive. Communication was good between both staff groups and there was a supportive approach to looking after people in their care.

Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment as required. Staff described the SPS system used to record concerns. All healthcare staff had personal secure access to the electronic systems Vision and Care Partner.



Adverse events were recorded onto the electronic system IR1. These were reviewed by the senior nurse and any learning from adverse events was shared with the teams.

### **9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.**

Rating: Satisfactory

The Health Centre in HMP YOI Polmont was in a good state of repair and could be effectively cleaned. All near patient equipment was also in a good state of repair, clean and ready for use. Adequate supplies of PPE were in place and were stored appropriately. The Health Centre was tidy and visibly clean. Healthcare staff reported that the standard of cleaning was acceptable. Cleaning was carried out by an external company contracted by SPS. However, the correct chlorine releasing product was not being used on sanitary fittings, as training had not been given, and disposable mop heads were not being used in line with guidance.

A monthly infection control audit was carried out by the team leaders. This audit covered several aspects of infection prevention and control. The results for the previous three months showed compliance between 97% and 98%. A staff member was identified to carry out monthly hand hygiene audits and staff skin surveillance. Hand hygiene audit results for July were displayed, showing 100% compliance. Team leaders told inspectors that any areas of non-compliance were captured in an action plan, which was shared with staff. External infection prevention and control assurance was provided by NHS Forth Valley and the last visit in May 2023 did not identify any issues. Infection control compliance was reported through NHS Forth Valley's governance structures.

Staff could access infection control information, including the infection prevention and control manual, on the staff intranet. Staff mandatory training included infection and prevention modules; all healthcare staff had completed these modules. Healthcare staff complied with the national uniform policy at the time of inspection. Staff inspectors observed were compliant with standard infection prevention control precautions and were knowledgeable about infection control.

**Recommendation 75:** SPS HQ should ensure that cleaning is carried out in line with national guidance and that cleaning equipment is being used in line with the manufacturer's instructions for use.

### **9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.**

Rating: Satisfactory

The Healthcare Team in HMP YOI Polmont was well managed with good operational leadership in place. Communication across all disciplines of staff was effective and staff were focused on the provision of safe and compassionate patient care. All staff spoken with described feeling well supported by senior managers and team leaders.



The team leaders regularly met to review healthcare duties and would identify gaps in staffing which would be covered using bank or agency nurses and permanent staff working extra hours.

There were clear escalation processes in place for any staffing issues, and an on-call rota was in place to cover the weekend to support staff with operational issues, including staffing. This is good practice.

Similar to other prisons across Scotland, there were challenges for the Healthcare Team in recruiting and retaining healthcare staff. Mental health nurse vacancies that were out to advert were proving difficult to recruit to. To fill the gaps two full-time mental health agency nurses were employed in the prisons to support service delivery. To resolve the challenges with recruitment inspectors observed that NHS Forth Valley had established a Prison Workforce Subgroup meeting. We were encouraged to see that this meeting had senior nursing leadership representation with the attendance of NHS Forth Valley Head of Mental Health Nursing and Prison Healthcare.

There were plans to increase the population of HMP YOI Polmont with female and male adult prisoners. SPS had not confirmed the number of prisoners, the population mix, or the date of transfer with NHS Forth Valley. Senior healthcare managers told inspectors that they were concerned that this decision would be taken at short notice to move prisoners. NHS Forth Valley would not be given time to adequately plan for the impact of an increased population. NHS Forth Valley will require time to schedule service delivery to a changed population. Identifying the health needs of the increased planned population is key to ensuring continuity and stabilisation of the service. This is a concern.

Student nurse placements at HMP YOI Polmont were supported and healthcare staff told inspectors how they had started to offer placements for students from other healthcare training courses, such as paramedics. Inspectors were told that NHS Forth Valley had been approached to participate in a television feature promoting prison healthcare.

Staff received NHS Forth Valley as well as prison specific induction and there was evidence that all staff had completed their induction programme. New staff were given four weeks of being supernumerary. This was to allow them to complete their induction and complete a competency framework, to familiarise themselves with healthcare delivery in the prison environment. This is good practice.

A dashboard system was in place that monitored compliance with mandatory and role-specific training courses. This had good compliance at the time of inspection. Appraisals and personal development plans (PDPs) were in place for all staff.

Staff were supported through individual management supervision and clinical supervision, which was planned every four to six weeks.

Health and wellbeing of staff was a priority for senior managers in the prison. There was evidence of posters in the Health Centre to promote staff wellbeing and

resources were also available on the staff intranet. Team leaders told inspectors that they had introduced Friday afternoon fun activities and end of the month lunches, which all healthcare staff were encouraged to attend after the lunchtime handover. These initiatives were designed to support team working and wellbeing. This is good practice.

**Recommendation 76:** SPS HQ should ensure that they engage and inform NHS Forth Valley regarding any changes to the prison population in HMP YOI Polmont to allow planning time.

**Good Practice 31:** Inspectors were told that there was a clear escalation process in place for any staffing issues, and an on-call rota was in place to cover the weekend to support staff with operational issues, including staffing.

**Good Practice 32:** Staff received NHS Forth Valley as well as prison specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.

**Good Practice 33:** Team leaders had introduced Friday afternoon fun activities and end of the month lunches, which all healthcare staff were encouraged to attend after the lunchtime handover. These initiatives were designed to support team working and wellbeing.

### **9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.**

Rating: Good

The Healthcare Team at HMP YOI Polmont had a clear vision for prison healthcare which supported person-centred and compassionate care. Staff spoken with described the management team as visible and approachable. Healthcare in HMP YOI Polmont was managed by NHS Forth Valley and reported through their governance structures.

There was evidence of systems and processes in place to report and learn from incidents and adverse events. Regular Prisoner Healthcare Clinical Governance Meetings enabled reporting to be monitored and to identify any trends.

Minutes from team meetings showed a structured agenda with multidisciplinary attendance from the Healthcare Team. It was encouraging to see that this provided the opportunity to share updates and discuss any current issues faced by the Healthcare Team.

Feedback from patients was gathered using complaint or feedback forms. As described in QI 9.13 the prison had a patient engagement co-ordinator who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required. This is good practice.

Regular meetings take place between healthcare staff and SPS staff with evidence of minutes. Feedback from staff indicated a good relationship between the two staff

groups with evidence of joint working. The Healthcare Team at HMP YOI Polmont had also developed connections with secondary care clinicians such as opticians, podiatrists, and nurse specialists.

**Good Practice 34:** Feedback from patients was gathered using complaint or feedback forms. The prison had a patient engagement co-ordinator who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the co-ordinator would be fed back to the team and action would be taken as required.





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