



**COVID-19 PANDEMIC EMERGENCY**

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

**REPORT ON A LIAISON VISIT TO HMP PERTH**

**16-17 September 2020**

Inspecting and Monitoring

<https://www.prisonsinspectoratescotland.gov.uk/>

**Do no harm - Stay safe - take personal responsibility**

**Introduction**

This report is part of a programme of liaison visits of prisons to be carried out by Her Majesty’s Inspectorate of Prisons for Scotland (HMIPS) during the COVID–19 pandemic emergency and was conducted under HMIPS’s new, albeit temporary, [Liaison Visits Framework for Prisons and Court Custody Units](https://www.prisonsinspectoratescotland.gov.uk/news/hmips-remote-monitoring-framework-and-liaison-visits-framework) published in April 2020.

**Background Information**

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

Her Majesty’s Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre‑defined set of Standards. These Standards are set out in the document [Standards for Inspecting and Monitoring Prisons in Scotland](https://www.prisonsinspectoratescotland.gov.uk/standards).

**Process**

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

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

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

**REPORT ON A LIAISON VISIT TO HMP PERTH UNDERTAKEN ON WEDNESDAY 16 AND THURSDAY 17 SEPTEMBER 2020**

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC.

HMP Perth was selected based on HMIPS’s prison risk algorithm results over the past few weeks and the need to visit all prisons over the period of COVID‑19 restrictions.

The GIC provided a helpful presentation and some useful contextual information about the way HMP Perth had responded to the challenges posed by COVID-19 in line with advice from SPS HQ and the Scottish Government (SG).

On the day of our visit the prison came across as calm and orderly, with a regime that was very restricted but safe. The prison was working hard to provide more opportunities and reduce restrictions in line with the SPS recovery plan, and the GIC indicated that nearly half of all prisoners were receiving access to some form of purposeful activity, but acknowledged it was difficult to provide sufficient activities for everyone while complying with COVID-19 restrictions on physical distancing.

The GIC outlined a series of interesting and ambitious ideas for reform and improvements that he hoped to bring in over the next year, which we support and hope come to fruition. We also hope that some of the innovations that were in place prior to COVID-19 will be restarted.

Timing for medication that impacted on the regime in previous visits remains a problem. HMIPS also remains concerned at the size of some of the double cells in the older buildings built for single occupancy but holding two prisoners in HMP Perth which HMIPS consider inadequate for two people, particularly given the restricted regime.

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

In terms of the PANEL principles:

 **Participation**. Following advice from Health Protection Scotland (HPS) HMP Perth, like all other prisons in Scotland, had been forced into running a limited regime. However as lockdown eased, reflecting the guidelines set out by the SG, HMP Perth had looked to increase the level of participation for those in their care. Increased access to time in fresh air has been welcomed by those held within the prison, as are opportunities to return to work parties and education. Family contact is important in the reintegration of prisoners back into the community and so the introduction of mobile phones, virtual visits and then face‑to‑face visits was very much welcomed. HMIPS particularly appreciated HMP Perth allowing children to visit their fathers and welcomed the quality and regular occurrence of Prisoner Information Action Committees (PIACs).

 **Accountability.** HMP Perth management and staff were well aware of their responsibilities in safeguarding the rights of those in their care. A massive effort on the part of the prison to ensure Health and Safety was prioritised was evidenced in the number of risk assessments, safe systems of work and standard operating procedures (SOPs) that were available for staff in relation to COVID-19.

 There was clear evidence of a decision‑making process and planning through the prison COVID-19 action plan. This plan indicated a phased return to a more recognisable regime including the return to pre-COVID-19 legal requirements of 60 minutes of fresh air daily for all prisoners. It was pleasing to observe that Parole Tribunals and Integrated Case Management (ICM) case conferences for pre‑release had continued throughout lockdown, as well as Risk Management Teams (RMTs) and Multi‑Agency Public Protection Arrangement (MAPPA) processes, albeit carried out via conference calls. However, initial and annual ICMs could not be carried out during lockdown, and the prison responded by arranging informal mini ICMs in residential areas to cover some of the aspects of full ICMs. This was reported as having worked well as prisoners liked the less formal setting. Staff reported that a helpful by-product of the core day was that it was easier to secure Personal Officer input for ICM paperwork during lockdown from more staff availability and time during the core day in the residential areas.

 **Non-discrimination and equality**. Although the Liaison Visit (LV) has been extended to two days this did not allow for a full scrutiny with regards to non‑discrimination and equality. HMIPS’s findings were that generally prisoners within HMP Perth were treated equably and fairly with others. Inspectors spoke to a number of vulnerable prisoners across the prison including those on Talk to Me (TTM), on Rule 95 in the Separation and Reintegration Unit (SRU), disabled and foreign nationals, and did not receive any complaints regarding their treatment. It was pleasing to note that HMP Perth had translated a number of documents into foreign languages to reflect their population and that the translation line had been utilised. Similar to other prisons, posters with pictures illustrating how to keep safe and hygienic were in abundance and the use of the British sign language for those with impaired hearing was welcomed. Generally all prisoners were offered equal and fair access to fresh air, complaint forms, recreation and some participation in work parties, although this was more limited under COVID-19. An Equality and Human Rights Impact Assessment was developed in June to ensure that as HMP Perth introduced easing of the lockdown restrictions, no group was disadvantaged.

 **Empowerment**. Restrictions due to the core day has been a theme throughout the LVs and HMP Perth was no different. Although the relaxing of the lockdown has increased out of cell activity it is difficult to empower those in the SPS care given the quantity of time prisoners are required to spend in‑cell. Receiving information is important in allowing choices to be made; the prison updated prisoners on a variety of subjects on a regular basis, for example the closure and reopening of face‑to‑face visits and how to keep safe. One aspect of empowerment is the ability and opportunity to make complaints; there was ample evidence to support the opportunity for prisoners to do so. The GIC and management team were visible in the residential areas to discuss individual complaints or offer explanations for the decisions the prison made with regards to restrictions

 **Legality**. There is no doubt that COVID-19 restrictions, although necessary, can cause tensions with the rights of those in the care of the SPS. The restrictions on access to fresh air and family contact are fundamental rights of prisoners and both of these have been affected. However the reintroduction of face‑to‑face visits and the introduction of virtual visits goes some way to redress the balance. It was pleasing to see that access to fresh air had increased as lockdown eased. The introduction of in‑cell telephony has also significantly helped prisoners keep in contact with their family and friends, particularly since the introduction of the core day locks all prisoners in their cell by 18:00. To encourage more meaningful contact between prisoners and their families as well as access to a greater number of help lines, HMIPS would like to see a system introduced that will allow in‑cell phones to be capable of having their accounts topped up by prisoners, an increase in the number of Freephone helplines and confirmation that when final lockdown is over that in‑cell telephony will remain.

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

**COVID‑19 commentary**

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

**Visit findings**

The SPS and NHS at HMP Perth had been proactive in their response to the pandemic, securing personal protective equipment (PPE) and risk assessing all areas of the prison to ensure the safety of staff and prisoners. Information had been made available to prisoners from 3 March 2020 which had been updated on a regular basis as the external guidance from SG and Health Protection Scotland (HPS) changed. A local joint SPS/NHS COVID-19 Response Group had been established, initially meeting daily and now twice weekly, which had produced a local action plan.

Following the move to a core day and with the temporary closure of all but essential work parties, staffing in residential areas had increased. Administrative staff roles were reconfigured, with staff working from home and only attending the prison when absolutely essential.

An isolation wing was established in C Hall level two. All prisoners on admission were isolated for seven days and all prisoners who were symptomatic were being tested within 24 hours by on site NHS Prison Healthcare staff, which minimised the time anyone had to be isolated.

At the time of our visit no one was having to isolate and it is testament to the infection control procedures that only five prisoners had tested positive for COVID‑19 since the start of the pandemic.

As we have seen in other SPS establishments, the performance of SPS and NHS at HMP Perth in managing COVID-19 related risks and minimising the number of people testing positive has been highly commendable.

**COVID-19 commentary**

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

**Visit findings**

SPS and NHS at HMP Perth closely monitored the impact of COVID-19 on staffing levels, with information discussed daily by senior management and twice weekly at the staffing meeting.

Since the start of the pandemic up to 140 SPS staff had been absent, linked in one way or another to COVID-19. This included 22 who were shielding and 57 who had been required to self-isolate either because they were symptomatic or a family member was displaying symptoms.

The GIC held phone conversations with some of those who had been absent for a long period to discuss the support the prison might provide to assist with a return to work. At the time of our visit only 25 staff were on sick leave and three were isolating. This reduction in staff absence rates is most welcome. The GIC was aware, however, of the challenge in maintaining low absence rates if there is an upsurge in virus transmission rates within the community and the difficulty in returning to a full regime of purposeful activity without a full complement of staff.

**HMIPS Standard 1 - Lawful and Transparent Use of Custody**

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

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

**COVID-19 commentary**

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

**Visit findings**

On entering the prison it was clear that staff and prisoners were adhering to social distancing (SD) guidance. Posters explaining the guidelines were in prominent positions and staff also reminded visitors of what is expected. Masks were made available on entering the prison. SD markers and clear guidance ensured a controlled entry into and out of the key vend area. Although SD posters and markers were not as prevalent in some areas of HMP Perth as have been seen in recent visits to other prisons, the inspectors were content that there was a good understanding of what is required by prisoners, staff and visitors.

The compulsory wearing of masks by staff has assisted in SD and although staff reported it could be uncomfortable to be worn for long periods, they were getting used to wearing masks. Staff reported that they are given the opportunity to remove their masks away from colleagues and prisoners during their shift to alleviate the discomfort they feel. The only incident where it was observed where a mask was not worn was in the admission area where a NHS member of staff was sitting interviewing a prisoner at close range.

To minimise staff contact, shift starting, lunch breaks and finishing times are staggered, with numbers in the key vending area managed by a First Line Manager (FLM). A one way system into the main building operates during this time. On admission, liberation or movement to courts the holding areas in reception were large enough to manage prisoners as per SD guidelines.

Due to the configuration of HMP Perth and the prison numbers, prisoners were not all in single cell accommodation. Some areas had smaller cells with double capacity which was wholly inadequate for two people and sat uncomfortably with HMIPS’s views and Human Rights legislation. The Council of Europe’s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment known as the CPT has long considered, as a minimum standard, that there should be 6m² of living space for a single-occupancy cell and 4m² of living space per prisoner in a multiple-occupancy cell (not including the fully-partitioned sanitary annexe). The size of the cells were clearly less than this.

Due to the complexities of the prisoner groups and the restrictions of external and internal movement since lockdown, HMP Perth has not always been able to place prisoners into areas that reflect their sentence or status, but plans are in place to rectify this in the near future.

 **Action Point 1:** the SPS and the SG should undertake an estates review and plan to return the small cellsto single cell accommodation.

**HMIPS Standard 2 - Decency**

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

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

**COVID-19 commentary**

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

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

**Visit findings**

The serving of tea in A Hall level three (being the furthest away hall from the kitchen) was observed. All hot food choices were visibly hot and a member of staff checked these with a thermometer with the temperatures found to be acceptable. Inspectors were shown the daily food temperature log which clearly evidenced that temperatures are checked every day.

Serveries in other halls were observed to have Perspex screens installed to further shield the food from prisoners, however in A Hall level three there was no screen. Staff explained that this was because the metal shutter was faulty, could not open fully, and was waiting to be fixed. Both the prisoners and staff involved in serving the food were observed to be wearing relevant PPE (facemasks) and observing hygiene requirements, and appeared to work well together. Prisoners approached the servery one-at-a-time to ensure SD from others. The servery process was observed to be efficient.

Examples of the current menus were provided. Menus for those requiring a faith‑based diet had the same number of options as the main menus (two options for lunch, three options for tea), and all menus had healthy options for each mealtime. In addition, HMIPS welcomed the prison initiative of ‘theme nights’ where themed food choices are provided to stimulate interest.

Inspectors were given copies of the regimes for each hall. Each regime had time allocated each day for showers/recreation; time in the fresh air; exercise; work, etc. Each regime alternated showers/recreation and time in the fresh air between morning and afternoon, each day. Inspectors checked throughout the two day LV to ensure these all took place with no issues observed. See access to recreation.

**HMIPS Standard 3 - Personal Safety**

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

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

**COVID‑19 commentary**

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

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

**Visit findings**

Since COVID-19, HMP Perth had seen a rise from 12 individuals on TTM in April to 34 in July, with six individuals deemed as high risk since April. Five prisoners were on TTM during the visit. The inspectors spoke to two of those individuals who were on the strategy. One individual was on high risk; he would have preferred to be reduced to 30 or 60 minute observations and allowed out of the safer cell back to his normal cell with his own belongings, but he was content with how he was being treated and understood his care plan. The second individual also confirmed that he had been well treated and confirmed he had access to a more normal regime. Both case files were checked along with two others and these were found to be of good quality. Similar to other prisons, consent forms for families to attend the case conference were not recorded. Narratives were clear and descriptive and it was pleasing to see other partner agencies such as Chaplaincy had added comments following their visit. To ensure compliance a weekly check is carried out by the duty manager and a monthly audit is completed by the Suicide Prevention Co‑ordinator.

During the pandemic 108 prisoners had been isolated and subject to Rule 41. The area identified for those suspected of COVID-19 was on C Hall level two. Sixty‑four prisoners had been tested of which five had returned a positive result. Unfortunately two deaths had occurred as a result of COVID-19. Four people had chosen to shield due to underlying health conditions in A Hall, the area designated for those that wish to shield. Prisoners had been given the opportunity to transfer to HMP Low Moss to have in‑cell showers available, and one prisoner had transferred.

At the time of the visit there were no prisoners suspected of having COVID in the area set aside on C Hall. Staff walked an inspector through the process for those under Rule 41 restrictions including demonstrating the area set aside for staff to change into and out of full PPE. Admissions from court are brought into the same area and barriers are available to cordon off areas for those located under Rule 41. Full PPE was available and a system for the disposal of clothing and equipment after use was in place. It was noted that staff had their own protective goggles identified to minimise cross infection. Those admitted to the prison suspected of having COVID‑19 by‑passed the reception area, after the warrant was confirmed, and dealt with in the admission area by reception staff. Cells were made ready for any potential COVID‑19 admissions with a pack containing everything the prisoner would need for their first few days in prison. These were readily available in the cells and storage rooms so that prisoners could be admitted after the main shift had finished.

As part of the admission process, a check list is used to ensure the Rule 41 process is explained to the prisoner. This includes the process for telephone access, access to fresh air and if the prisoner wishes the prison to contact their family to inform them of the suspected COVID‑19 infection. The use of PPE by staff is also explained.

A Rule 41 care plan – COVID‑19 was used for those isolated. Restrictions were listed on the form, one being ‘no outside exercise’. This has since changed under the SPS pandemic plan where the establishment requires to carry out a risk assessment in order to facilitate at least three periods of access to fresh air per week. The form should be adjusted to reflect this change.

However, it is HMIPS’s view that this is in breach of Article 3 of the European Convention on Human Rights and contravenes both the UN Standard Minimum Rules for the Treatment of Prisoners (also known as the Nelson Mandela Rules) and the Statement of Principles relating to the treatment of persons deprived of their liberty within the context of the coronavirus disease (COVID-19) pandemic, issued by the CPT of the Council of Europe. Principle 7 recognises that

 “while it is legitimate to suspend non-essential activities, the fundamental rights of detained person during the pandemic must be fully respected. This includes in particular … the right of daily access to the open air (of at least one hour)”

Information on the admission process for Rule 41 was available in English but in no other language. General information on admission was however available in a number of the more common languages used by prisoners. To alleviate time in the COVID‑19 area, prisoners were tested by the onsite NHS Prison Healthcare Team with results generally returning within 24 hours, which the Inspectorate deemed good practice. Staff reported that when they did have prisoners in the area due to COVID‑19 the uptake of time in the fresh air was low. To minimise boredom during isolation, prisoners had access to distraction packs that included in‑cell workouts, puzzle books, Yoga techniques and education packs.

 **Good Practice 1:** all prisoners suspected of COVID‑19 symptoms were tested by the onsite NHS Prison Healthcare Team with the results returning within 24 hours.

 **Action Point 2:** HMP Perth should ensure where restrictions are changed for those isolating, all documents should be adjusted to reflect these changes. In addition HMIPS’s view is that all prisoners should be afforded daily time in the fresh air.

 **Action Point 3:**  HMP Perth should ensure they have translations of the COVID-19 admission process in other languages that reflect the population.

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

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

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

**COVID-19 commentary**

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

**Visit findings**

During the visits inspectors visited the SRU finding it clean and orderly. This is where the majority of those on Rule 95 are held. At the time of the visit the SRU held 11 prisoners. One prisoner on Rule 95(1), four were on Rule 95(11) and two were on Rule 95(12). A further three prisoners were refusing to reintegrate into the prison and one prisoner was being managed under Rule 41 for mental health reasons.

Similar to other SRUs visited, the pandemic has had no real effect on the area. Records of prisoners being offered access to the phone if required were noted but prisoners had access to in‑cell telephony. Evidence of showers, exercise and visits being offered was available through the daily diary. A small library was also available to those that wished to read.

All Rule paperwork could be found on PR2 and these were checked by the inspector and found to be lawful. Daily narratives were recorded on the system which were comprehensive and up‑to‑date.

The inspector spoke to one individual from the SRU, who had just returned from a visit. He informed the inspector that he had been treated well, confirmed daily access to his entitlements and had received both face‑to‑face and virtual visits. He also confirmed his attendance at his case conference and was clear as to his reintegration plan. The prisoner stated that he was looking forward to the SRU gym reopening.

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

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

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

**COVID-19 commentary**

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

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

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

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

**Visit findings**

Inspectors looked at the visit times made available to various prisoner groups and noted that some groups had more options over the course of a week than others. As an example, mainstream prisoners in C Hall were given five options for virtual visits whereas remand prisoners in A Hall were given only two. This can be explained as being reflective pro rata of the numbers located within the two areas. Remand prisoners have the option of four physical visit sessions in the upper section of A Hall and three if located in the lower section. HMP Perth is maximising visit opportunities and visit attendance records show that visit provision in all areas exceeds demand at the present time. HMP Perth is committed to continually reviewing the allocation and timetabling of visit sessions including the viability of evening or twilight sessions to afford more choice for prisoners, and importantly their families.

Inspectors observed physical visits taking place. Officers were efficient in ensuring that visitors knew what was expected of them in terms of hygiene and SD. Younger children in the room were seen to be permitted to approach their fathers with older family members maintaining the two metre distance rule. Clear COVID-19 safety signage was observed all around the visit room. E-mail a prisoner had increased dramatically with 60–70 prisoners receiving e-mails daily. Mobile phones had been introduced on 24 July 2020 which allowed for family contact during lock up when traditionally they had access to the communal phone in the evening.

Three hundred minutes are available free to each prisoner which was appreciated, but prisoners did suggest that a way of topping up the mobile phone would be even more beneficial to family contact. SPS should look at this with some urgency and introduce a system that enables prisoners to top up their in‑cell phone particularly if lockdown does not ease and prisoners remain locked up for longer periods of time especially in the evenings. In addition, HMIPS would like to see greater access to help lines on the in‑cell telephony including access to HMIPS’s Freephone number.

Prisoners were observed taking part in recreation / open association in each of the halls, including playing pool. The regimes for each hall also include time for exercise and time outside in the fresh air each day, where prisoners can socialise.

Inspectors were given examples of in-cell activities that prisoners were given, including in-cell exercise packs, and in-cell education packs. Prisoners were able to confirm that they have received these.

Most of the conversations inspectors held with prisoners supported the view that access to legal representation and other statutory visits was facilitated by the prison without any issues.

The prison, in partnership with the onsite Healthcare team and the NHS Tayside Public Health Team, had provided extensive information for prisoners in relation to COVID‑19, regularly and clearly setting out changes in guidance and explaining regime changes. Inspectors were provided with examples where information had been translated into a wide range of other languages.

Prisoners had been provided with increased access to DVDs and a mobile library service was in operation to compensate for the temporary closure of the main library, which was anticipated to reopen shortly.

Additional channels had been provided for the televisions in each hall and SRU, and the Prisoner Information Channel provided some supportive and motivational content intended to promote health and wellbeing.

The halls all had a good supply of prisoner complaint forms (PCF) at the time of our visit to facilitate access to the complaints system, which was being carefully monitored so that the prison was able to confirm that 263 PCF 2s had been received between 1 March and 31 August 2020. The prison believed that 73 of these complaints could have been dealt with at PCF 1 level and 68 PCF 2s directly related in one way or another to COVID‑19.

 **Action Point 4**: HMP Perth should consider scope to provide more opportunities for evening visits and weekend visits to encourage uptake, equality of access and greater choice for families.

 **Action Point 5:** SPS should introduce a system whereby prisoners are able to top‑up their in‑cell telephone and have access to a greater number of help lines including the HMIPS Freephone.

**HMIPS Standard 6 - Purposeful Activity**

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

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

**COVID-19 commentary**

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

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

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

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

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

**Visit findings**

Prisoners from each hall were observed to be taking fresh air at the appropriate times according to their respective regimes. Prisoners are given one hour of time in the fresh air each day, alternating between morning and afternoon from day-to-day. Some prisoners were observed wearing SPS issue outdoor jackets, evidencing that these are made available to those prisoners who want them.

As previously indicated, the prison had worked hard to communicate changes around guidance, processes, and regimes with posters and notices visibly displayed. Inspectors were pleased to see that information was available in other languages if required.

It was also encouraging to see evidence of PIACs taking place on a regular monthly basis to promote engagement with the prison population. Inspectors were also told that senior managers had gone round all areas of the establishment and spoken with all the groups of prisoners to inform them of regime changes, answer questions and allay concerns.

At the start of the pandemic Fife College, the suppliers of education for HMP Perth, had withdrawn from the prison. However, the department ensured that educational packs were available for in‑cell learning. The in‑house media channel was utilised for educational purposes with daily learning and weekly education quizzes.

In consultation with the prison on Health and Safety and SD guidelines, Fife College returned to HMP Perth in August with a reduced programme of learning. Session times have reduced by 45 minutes in the morning and 30 minutes in the afternoon but offer a variety of subjects including art, English as a Second Language (ESOL), wellbeing and creative writing. However, uptake has been low. Staff have gone up to the halls at certain times to try to interest more prisoners to come to classes. Education staff have also sought to provide education to prisoners who are more wary of COVID-19 and do not want to walk to the Education Unit. This involved setting work for prisoners to do in-cell, then receiving this work back and providing feedback and support. This is welcomed. It was pleasing to be assured that the prison had made arrangements to support those whose first language is British Sign Language.

Remand prisoners were offered education within the residential areas, due to the restricted numbers able to attend the educational area. Education staff reported that the variations in the hall regimes from day‑to‑day, where prisoners are offered access to fresh air, recreation or showers at different times to ensure equal access across the prison, is making it difficult to timetable prisoners in to attend education. Efforts should be made between education and HMP Perth to synchronise both timetables to allow for regular attendance at education.

Employability within HMP Perth had also closed down other than those vital to HMP Perth such as the kitchen, waste management and laundry. The laundry ran in household bubbles on a rotational basis to allow for maximum attendance of the prisoners employed there. HMP Perth had opened up the textile area so that prisoners could make scrubs and masks for the NHS. The woodwork sheds were also opened temporarily to fulfil a contract supplying cell furniture to another prison. Work was underway to open up the other employability areas, albeit with restricted numbers taking into account SD guidelines.

The inspector met with one of the Chaplaincy team who gave an informative breakdown of the services available during the lockdown. Prior to services opening up, the Chaplain had supplied a service sheet that included hymns, readings and prayers on a weekly basis. Due to some members of the Chaplaincy isolating, services were minimal but the Chaplain reported that there was some level of pastoral cover on a daily basis. Under difficult circumstances this allowed the Chaplain to speak to those that wished pastoral support and it appeared that the Chaplain’s contribution in providing pastoral support to prisoners and staff was valued highly. There was a missed opportunity, however, to further enhance religious services by not utilising the TV loop. Unfortunately the lack of technology available on the dedicated media channel for those in HMP Perth’s care limited options in this regard.

Face–to‑face services have now commenced with limited numbers in line with SD guidelines. There are three Church of Scotland services at the weekend. Two services are being held for mainstream prisoners and one service for protection prisoners. This reflects the numbers wishing to attend. Roman Catholic services are planned to take place during the week, starting in October. The Chaplain had also supported both prisoners and staff during recent deaths in custody, which the prison management team had really appreciated. The Imam visits those of the Muslim faith on a Monday for prayers. An information sheet was available giving an explanation of the lockdown and instructions in pictures on how to attend the prayers.

Inspectors observed the gym in operation. The gym offers a range of activities including short tennis, circuits and the workout machines. Free weights have been taken out of circulation to avoid spread of the virus.

All activities in the large gym hall were observed to be regulated to ensure appropriate two metre distancing. In the weights room a maximum of 15 prisoners were permitted at any one time to ensure two metre distancing is observed. All workout machines are contained within their own two metre box marked out in tape on the floor. Prisoners were seen to be observing the distancing rules appropriately.

Prisoners are organised into household ‘bubbles’ according to the flat in the hall they reside in. To ensure there is no cross contamination between prisoner household ‘bubbles’ only prisoners from the same ‘bubble’ access the gym at any one time. Prisoners no longer shower in the gym area – they do this back at their halls. Passmen clean the equipment between each session.

Each ‘bubble’ is afforded two sessions in the gym area per week, and inspectors were shown the gym timetable which confirmed this. Officers reported that all demand was being met. Inspectors spoke with some prisoners in the gym area, who confirmed they were happy with the current arrangements given the circumstances, and that they felt safe accessing the gym with the hygiene and distancing regulations in place.

 **Action Point 6:** HMP Perth and the education department should look to discuss how best to allocate and schedule education to prisoners while allowing equal access to activities such as fresh air, recreation and showers.

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

Prisoners are prepared for their successful return to the community.

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

**COVID‑19 commentary**

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

**Visit findings**

Parole Tribunals and case conferences for pre-release had continued throughout lockdown and inspectors were able to observe two ICMs being handled very professionally despite the challenges of having to liaise via conference calls with some external partners and families. Risk Management Teams (RMTs) and Multi‑Agency Public Protection Arrangement (MAPPA) processes had also continued throughout the COVID-19 period, with the engagement of external partners via conference call, which they did not feel had been a major issue.

The full process for initial ICMs and annual ICMs could not be followed during lockdown. However, the prison had worked to continue some form of discussion with prisoners through the ICM team holding informal mini ICMs in residential areas with the prisoners, which they felt had worked well, partly because some prisoners felt more comfortable to engage in that less formal setting. The ICM team communicated with social work and others before and after each informal ICM. The ICM team reported that it had been easier to secure Personal Officer input into the ICM paperwork during lockdown, no doubt partly as a consequence of residential staff numbers being boosted, and they hoped this would continue. The ICM team had also conducted awareness raising training on the importance of the Personal Officer role in the ICM process.

The GIC was concerned, however, about the challenges in securing the timely completion of case management/progression paperwork where there is multi‑disciplinary input required. The GIC was also concerned at the lack of attendance from healthcare staff at Rule 95 case conferences, RMT meetings and the very small numbers of prisoners receiving Opioid Substitution Treatment that had transferred to the new drug Buvidal. The GIC also noted his concerns that there were no multi-disciplinary mental health team meetings held at HMP Perth. This appeared to stem from a disagreement about the extent of respective roles as set out in a memorandum of understanding in 2011. This needs to be resolved at either a local or national level to ensure that ICM and RMT assessments are fully informed of all relevant risks. More regular and systematic meetings between SPS and NHS teams at the senior management level within HMP Perth may also help improve relationships at all levels of both organisations locally.

One of the ways that HMP Perth supported pre-release planning was by assisting some prisoners to secure a construction skills certificate and Portable Application Test training to facilitate their ability to get a job on a construction site. The prison had developed excellent links with Balfour Beatty, particularly in relation to A9 upgrade projects, helping to facilitate 16 people gain valuable work experience, of which eight had managed to go on to secure longer‑term employment. This is highly commendable.

As we have seen in other LVs, the pre‑release planning team were able to signpost those on release to appropriate services, such as the DWP, housing support, medical and addiction services. However, notwithstanding the efforts made by partner agencies to fill the void left by the suspension of the Throughcare Support Officer (TSO) service, the reintroduction of TSOs would assist with supporting a successful return to community life and help reduce the risks around reoffending.

 **Good Practice 2:** the action taken by the ICM team to maintain informal engagement with prisoners in residential areas when the full formal ICM process could not be facilitated is commendable.

 **Good Practice 3:** the action undertaken by the pre-release planning team to facilitate work experience and employment opportunities with Balfour Beatty is highly commendable and may be capable of being replicated with other companies and by other prisons.

 **Action Point 7:** the SPS and the NHS should work together to resolve tensions over inputs into ICM processes to ensure that all ICMs and RMTs are fully informed of all relevant risks.

 **Action Point 8:** the Senior Leadership Teams across prison healthcare and SPS must review the format and structure of collaboration to build trust between the two organisations at all levels and to manage and discuss common issues.

 **Action Point 9:** SPS HQ should review the scope to reintroduce Throughcare Support Officers.

**HMIPS Standard 8 - Organisational Effectiveness**

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

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

**COVID‑19 commentary**

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

**Visit findings**

During the visit, the inspection team engaged with staff carrying out various roles. Staff reported that they had been well communicated too and were clear on their roles during lockdown. Staff appreciated the reasons why the prison had reduced to day shift and also commented on the visibility of both FLMs and the senior management team in offering support. Prisoners and staff commented on the visibility of the GIC where he was seen regularly in the residential areas to answer questions.

Prisoners spoken to said that they appreciated the chance to deal with questions as well as formal complaints with the GIC face‑to‑face. Weekly meetings with FLMs and the GIC kept the staff up‑to‑date with changes as well as notices.

**HMIPS Standard 9 – Health and Wellbeing**

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

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

**COVID‑19 commentary**

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

**Visit findings**

This section sets out the findings from Healthcare Improvement Scotland (HIS) LV to HMP Perth which took place on 17 September 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID‑19 pandemic, particularly in terms of access to care, governance, leadership and staffing; and infection prevention and control. HIS findings below align with Standard 9 of the ‘Standards for Inspecting and Monitoring Prisons in Scotland’.

How we carried out the LV

HIS asked NHS Tayside staff at HMP Perth to complete a pro forma in advance of the LV regarding the healthcare provision during the pandemic. HIS inspectors then held a teleconference meeting with the Prison Healthcare Leadership Team and Senior Leaders from Perth & Kinross Health & Social Care Partnership to discuss the completed pro forma and to help inform the key lines of enquiry for the visit. During the LV, two inspectors spoke with members of the prison healthcare team and viewed the care environment within the health centre. The inspectors did not speak with or come into contact with any patients given restrictions on the movement of prisoners and also to safeguard prisoner and staff safety.

Access to care

Patients who were symptomatic of COVID-19 or who were required to isolate were relocated to a designated area in the prison to reduce the risk of transmission. We saw a flowchart outlining this process. NHS prison healthcare nursing and medical staff provided essential and/or urgent healthcare to patients in their cells and the SPS provided a cohort group of staff for consistent support. SPS staff would also request an urgent NHS assessment if an individual reported deterioration in their condition or if they observed deterioration in a patient’s condition. SPS staff were informed of patients who required to isolate to ensure that SPS staff wore PPE during any interactions.

At the start of the pandemic, NHS prison healthcare staff were trained to carry out COVID‑19 tests on patients within HMP Perth. To date, five individuals within the prison have tested positive for COVID‑19. Two individuals passed away in hospital due to a COVID‑19 related illness. The NHS prison healthcare team responded well and followed the approach to outbreaks used by the NHS Tayside incident management team lead by the public health team. Prison healthcare medical and nursing staff followed the deteriorating patient pathway throughout the pandemic and liaised with the COVID‑19 team at Ninewells Hospital.

All mental health, occupational therapy and substance misuse patients were assessed and given a ‘red, amber, green’ risk score to establish who would require contact during the pandemic. **This is good practice**.

Reception procedures had been introduced to assess all new arrivals including a process that if an individual was suspected of being symptomatic they would by‑pass reception and be taken directly to a hall with an isolation area.

A blend of telephone and face‑to‑face consultations were introduced for patient appointments. Due to lack of Wi-Fi access within the prison, Near Me (a secure NHS video call service for patients) has not been possible. The healthcare team are exploring IT solutions, such as dongles, for testing in the residential halls so that Near Me can be introduced in the longer‑term. We heard from staff that sourcing a room in the residential halls in which to hold the telephone consultations was often challenging. Both the NHS prison healthcare team and SPS staff were working together to identify set times for telephone conversations, as well as other solutions such as providing cordless phones for patients, to enable in-cell consultations which would allow more appointments to take place. We were told that the telephone consultations were working well, particularly for mental health and substance misuse services.

Primary care

The referral process has not changed during the pandemic. Referral forms continued to be available within the residential areas and triaged to the appropriate specialities by nursing staff each day. If an appointment was not clinically indicated, a letter explaining why was sent to the patient. Patient referrals continued to be passed onto other appropriate services and there had been no change to the out‑of‑hours service.

All patients were given telephone consultations based on need. The pharmacy team triaged all their referrals and the multidisciplinary team co‑ordinated appointments. All non‑essential pharmacy appointments ceased in March 2020 but have since recommenced in line with community primary care pharmacy services. We were also told that telephone poly‑pharmacy reviews were taking place and staff reported that this had resulted in fewer complaints regarding medicines. The GP continued to offer face‑to‑face consultations, if clinical indicated, in addition to telephone consultations. Likewise primary care clinics continued during the pandemic with staff using the appropriate PPE. Patients continued to have scheduled appointments with nurses or GPs to deliver essential care. At the time of the LV, there were no patients waiting to be seen by primary care services.

Prior to the pandemic, SPS and the healthcare team had started looking at ways to try reduce the time spent delivering medication to patients. As a result additional staff completed training to administer daily medications. The provision of in‑possession medication was also increased to enable patients to have more autonomy over their medication and to support their sleep patterns. **This is good practice.**

While the prison population reduced from over 700 to 560 during the pandemic, there was no correlated reduction in required medication. The prison population has since risen to 660 and staff reported that the time spent administering medication continues to be a significant challenge, particularly due to social distancing measures. In addition, the healthcare team told us that managing the flow of patients for appointments was a challenge due to different individuals’ essential work and exercise requirements. Ways to improve patient flow were being explored by the healthcare team in conjunction with SPS.

Throughout the pandemic patients with long-term health conditions continued to be identified on admission and had their care planned accordingly. At the start of the pandemic, the healthcare team identified individuals deemed to be at high risk and issued ‘how to keep safe’ guidance to them. These patients were also offered the opportunity to shield in a designated area and were offered a GP telephone appointment to discuss their ongoing care.

Nursing staff have a good oversight of vulnerable patients during medication rounds and told us that SPS staff alerted healthcare staff of any concerns about a patient’s health and wellbeing. Extensive work had been undertaken by the primary care team in partnership with the pharmacy team to review all patients’ records. Some nurse‑led long‑term health clinics had been introduced and staff told us that this model was going to be rolled out for all long-term health conditions. We will review the progress of this work at our next inspection.

Palliative care services are ongoing as required and supported by anticipatory care plans.

Throughout the pandemic patients continued to have access to urgent onsite occupational therapy assessment. **This is good practice**. Routine referrals to occupational therapy have now recommenced. The dental team has continued to offer emergency appointments on-site but patients requiring aerosol generating dental procedures attend the local emergency dental centre.

During the early part of 2020, a robust social care service was introduced, provided by the Scottish Nursing Guild and funded by SPS. This service was ceased as at the time there were no patients requiring specialist social care support. Although the service is now back up and running with two individuals in receipt of social care packages, there was a delay in re‑establishing it. However, we were assured that during this delay new admissions were assessed for any social care needs at reception. All new referrals to the social care service were supported by primary care staff until the social care provider was appointed. Access to equipment to meet social care needs also continued during the pandemic. All care plans were written in conjunction with healthcare staff and involved the patient.

Access to secondary care appointments has continued in line with community provision and transfers to hospital are supported by the NHS Tayside COVID‑19 Hospital Admission Pathway.

Mental Health

Throughout the pandemic the mental health team continued to provide emergency assessment and delivered interventions for patients who were identified as having a ‘red’ or ‘amber’ risk of deterioration in their health. The team moved to telephone consultations but continued to offer face‑to‑face consultation if considered appropriate. Routine mental health referrals, which also includes patients on the ‘green’ risk list, have now recommenced in line with national guidance. At the time of the LV the waiting time for a routine referral to mental health service was four weeks and 72 hours for emergency cases.

In previous reports we have highlighted the challenges faced by the prison to recruit to the Clinical Psychology post. This post has remained vacant during the pandemic but is now about to go out for advert at a Band 8b level post. We saw that this gap has been recorded in the Partnership risk register and a register of unmet need is being kept. The Forensic Consultant Psychiatrist continued to attend HMP Perth during the pandemic and used appropriate PPE or closed visit facilities (such as partitions to avoid physical contact).

The occupational therapy team supplied the SPS with wellbeing information to distribute to all prisoners as well as diversion packs to help alleviate boredom during the pandemic.

Mental health staff time was protected to support the delivery of core services.

Substance Misuse

The substance misuse team continued to accept referrals and offer assessment and treatment via telephone appointments, and if needed, face‑to‑face appointments were offered using closed visit facilities. **This is good practice**. The team continued to deliver interventions to patients indicated as ‘red’ or ‘amber’ acknowledging their risk of deterioration. At the time of the LV, the waiting time to access the substance misuse service was two weeks.

Routine harm reduction clinics were suspended throughout the pandemic. The addiction service was limited to emergency cases only which was equitable to the service provided in the community. Staff were able to describe the criteria used by the service to determine each person’s level of need. This included a brief assessment of patients identified as having recently fallen out of treatment, if they had chaotic substance use and if they were at risk of overdose. Addiction staff remained in contact with the community providers throughout the pandemic.

On admission, patients were asked about their substance use and offered a urine drug screen. Individuals were commenced on harm reduction plans in line with identified criteria. Opiate Replacement Therapy (ORT) has continued to be prescribed when clinically indicated. Blood Borne Virus testing and treatment has now restarted and dry blood spot testing is offered on admission.

Although a high number of individuals have commenced ORT, at the time of the LV there was no waiting time and people coming into custody were placed onto a treatment plan. Like other establishments, the prison healthcare team is progressing the implementation of the new drug ‘Buvidal’ in response to recent national Opioid Substitution Treatment guidance. However, as the implementation is for a limited period in line with current national funding, this has reduced the number of people willing to transfer to Buvidal.

Individuals liberated from prison or who attended court were provided with medication, including the drug Naloxone (Naloxone is a drug used to reverse the effects of opiate overdose). Addictions staff offered individual Naloxone training and Naloxone kits were placed alongside individuals’ belongings. The health improvement team had created a support services leaflet for individuals being liberated and a throughcare document to support community agencies when a prisoner is liberated. We saw evidence of community service information leaflets and individual planning for community follow‑up.

Patient admissions

HMP Perth continued to accept late admissions throughout the pandemic. Following the introduction of virtual courts in mid-May 2020, the healthcare team re-introduced a back shift to accommodate any late admissions (12:00‑21:00). We were told that there had been two occasions when staff had needed to work beyond 21:00. Staff reported these in the daily exception report and were able to provide feedback on their experience.

Infection Control/Health centre environment

On entering HMP Perth, infection prevention and control measures were clearly visible. Areas where healthcare and pharmacy were to be delivered had been reconfigured at the start of the pandemic, to create more space for staff to take into account social distancing restrictions. We saw signage on doors alerting staff of the maximum number of staff allowed inside the room. **This is good practice**.

All areas where healthcare was delivered were visibly clean and of a good standard. In addition the fabric of the building was intact and could be effectively cleaned. We were told that planned preventative maintenance continued to be ongoing and that repairs were carried out in a timely manner. The independent contractor, commissioned by SPS, to clean the health centre, continued to do this twice a day from Monday to Friday. There was no domestic provision over the weekend at the time of our visit. As healthcare continues to be delivered at the weekend this is a concern. The prison healthcare senior leadership team has escalated the concerns about the cleaning resource to the Health and Social Care Partnership (HSCP) and the SPS. HMP Perth must ensure adequate provision and resource in line with national guidance to effectively clean areas where healthcare is being delivered at weekends in order to effectively clean the area and minimise the risk of infection. (Action Point 10) In a response to the pandemic, we observed nursing staff clean touched surfaces frequently using the appropriate products available in each clinical room. We saw evidence that the cleaning schedules were being implemented and that senior nurses signed them off for assurance. All clinical rooms and equipment were cleaned between patients and hard surface wipes and hand sanitisers were available in all rooms within the health centre. The NHS Tayside Infection Control Team had planned to install new alcohol gel dispensers in the health centre but this had been paused due to the pandemic. Until these are installed freestanding gel bottles have been made readily available.

All staff had access to and had received guidance on the correct use of PPE.

At the time of the LV staff were following HPS and NHS board guidance and attending emergencies as ‘first responders only’. Senior management had put in place measures to support staff to adopt this guidance. Aerosol generated procedures were managed externally when possible; staff were observed using the correct PPE at all times, and sign-posting was displayed throughout the residential areas and health centre outlining appropriate usage.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use, and the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles were available in all clinical rooms. Appropriate disinfectants were used in the clinical areas as per the NHS Tayside’s infection control guidelines. Rooms were allocated in each hall for nursing staff to provide medications. These rooms were cleaned by trained passmen and were observed to be cleaned to a high standard.

We saw evidence of a positive report produced following an unannounced visit by the NHS Tayside Infection Control Team in August 2020. Having this external assurance audit reinstated during the pandemic is **good practice**.

Governance, leadership and staffing

The prison healthcare team is part of Perth & Kinross HSCP which falls within the remit of the Joint Integration Board. The Healthcare Senior Nurse and Service Manager were active participants in the HSCP COVID‑19 Silver Command Group directly reporting to NHS Tayside Gold Group. During March–July 2020, daily COVID‑19 contingency calls were held across Justice Healthcare to identify and mitigate emerging issues; including staffing levels, absences and symptomatic patients or staff. Calls are now held weekly.

We saw evidence of a range of communications between the NHS board and the HSCP to discuss workforce, clinical demand and the allocation of resources. Staff reported that good supportive links were in place with the HSCP. Escalation and governance processes have been maintained during the pandemic supported by a clear reporting and governance structure with NHS Tayside to ensure effective accountability. A remobilisation plan is in place and is being followed.

Healthcare staff told us that they experienced some challenges with SPS at the start of the pandemic around introducing changes in service provision, reducing footfall, social distancing and the use of PPE. Since establishing regular meetings with SPS, the relationship with them has improved. However, the relationship with SPS requires to be further enhanced in line with the appointment of a new GIC within HMP Perth. The format and structure of collaboration between NHS and SPS should be reviewed to build trust between the two organisations (see Action Point 8).

The healthcare team moved to a single shift roster in line with the SPS regime which required staff to a work a 10‑hour shift for four days a week. In response to staff feedback, many of whom reported experiencing significant on-going tiredness from working the longer shifts, the two shift pattern will be reintroduced from October 2020.

During the pandemic approximately ten staff vacancies were advertised resulting in several staff coming into post and completing their induction. Gaps in nursing posts have been largely filled by agency staff which has been supported by the HSCP. In addition, the Senior Charge Nurse has continued to work closely with the nurse bank to establish a regular cohort of bank nurses. These staff have completed mandatory training, have access to the IT system and were familiar with the running of the department. When asked, they described feeling part of the team. The healthcare team reported that the use of bank staff in the longer term would be monitored to ensure the approach continued to be effective.

NHS Tayside provides a range of mechanisms to support staff health and wellbeing. A ‘chill out’ room with distraction materials was available within the health centre for staff to take a break and an additional staff break area was secured within the prison to support social distancing. Staff told us that they feel well supported by their line managers through the daily huddles and regular team meetings. Clinical supervision has continued as well as access to training opportunities. Staff informed us that they felt supported by senior management and communication was good.

A staff survey has been carried out around the management of the pandemic the results of which are due to be shared with staff, as well as a repeat of the survey. **This is good practice**.

 **Action Point 10:** HMP Perth must ensure adequate provision and resource, in line with national guidance, to effectively clean areas where healthcare is being delivered at weekends in order to reduce the risk of infection.

 **Good Practice 4:** the mental health, occupational therapy and substance misuse patients were assessed against a ‘red, amber, green’ score to establish who would require contact during the pandemic.

 **Good Practice 5:** the provision of in-possession medication to enable patients to have more autonomy over their medication.

 **Good Practice 6:** access to urgent on site occupational therapy assessment throughout the pandemic.

 **Good Practice 7:** the substance misuse team and mental health team continued to accept referrals and offered assessment and treatment via telephone appointments or face‑to‑face as required using closed visit facilities.

 **Good Practice 8:** signage on doors alerting staff of the maximum number of staff allowed inside the room.

 **Good Practice 9:** an external infection control audit was reinstated during the pandemic.

 **Good Practice 10:** a staff survey captured staff views on how the NHS board had managed the pandemic, and there are plans for the survey to be repeated.

**Conclusion**

HMP Perth, like other prisons we have visited, had performed well in managing COVID‑19 related risks and is to be commended for its continuing efforts on this issue. However, HMIPS caution that a number of single cells were having to be used as doubles and, with prisoner numbers unfortunately now on the rise again, a return to overcrowded conditions could impact adversely on their efforts to minimise COVID 19 risks in future. In addition, HMIPS view is that the size of the small double cells are inadequate for two people, breaches human rights and this should be addressed by the SG.

We welcome the very solid efforts to maintain decency and provide the basics for prisoners such as hot meals, access to showers, fresh air, recreation, etc, all of which helped underpin the calm, safe atmosphere we perceived at the time of our visit. We would, however, encourage HMP Perth to consider the scope to provide enhanced access to visits in the evenings and at weekends. Similarly, the ability for prisoners to pay to top‑up their monthly mobile phone allowance of 300 minutes would help support family contact and reduce tensions when trying to access hall phones.

As with other prisons, HMP Perth was actively building back‑up access to purposeful activity and education, and it was encouraging to see approximately half of the convicted population now having some access to work, but the prison needs to provide opportunities for all prisoners including those on remand. HMIPS also remain concerned about access to progression and rehabilitation programmes, and look forward to the results of action under way by SPS to address these longstanding concerns, which have only intensified as a result of COVID‑19 related restrictions.

We highlight and commend the good practice we saw in terms of pre-release planning, particularly in relation to supporting access to employment with some local employers, which however only serves to reinforce the value in reinstating the throughcare support services.

We welcome the generally very positive assessment that HIS inspectors took of the work undertaken by the NHS Prison Healthcare team, which indicated progress from our last full inspection, but we encourage further formal consolidation of collaboration and communication between local SPS and NHS teams at senior management level to ensure issues are quickly addressed. For example, the cleaning of areas where healthcare is being provided was a concern for NHS teams, whereas input from NHS colleagues into ICM and RMT processes to ensure risks are properly assessed was a concern for the SPS team. Both issues need resolved.



**Annex A**

**List of Action Points**

**Action Point 1:** the SPS and the SG should undertake an estates review and plan to return the small cellsto single cell accommodation.

**Action Point 2**: HMP Perth should ensure where restrictions are changed for those isolating, all documents should be adjusted to reflect these changes. In addition, HMIPS’s view is that all prisoners should be afforded daily time in the fresh air.

**Action Point 3:** HMP Perth should ensure they have translations of the COVID-19 admission process in other languages that reflect the population.

**Action Point 4**: HMP Perth should consider scope to provide more opportunities for evening visits and weekend visits to encourage uptake, equality of access and greater choice for families.

**Action Point 5:** SPS should introduce a system whereby prisoners are able to top‑up their in‑cell telephone and have access to a greater number of help lines including the HMIPS Freephone.

**Action Point 6:** HMP Perth and the education department should look to discuss how best to allocate and schedule education to prisoners while allowing equal access to activities such as fresh air, recreation and showers.

**Action Point 7:** the SPS and the NHS should work together to resolve tensions over inputs into ICM processes to ensure that all ICMs and RMTs are fully informed of all relevant risks.

**Action Point 8:** the Senior Leadership Teams across prison healthcare and SPS must review the format and structure of collaboration to build trust between the two organisations at all levels and to manage and discuss common issues

**Action Point 9:** SPS HQ should review the scope to reintroduce Throughcare Support Officers.

**Action Point 10:** HMP Perth must ensure adequate provision and resource, in line with national guidance, to effectively clean areas where healthcare is being delivered at weekends in order to reduce the risk of infection.

**List of Good Practice**

**Good Practice 1:** all prisoners suspected of COVID‑19 symptoms were tested by the onsite NHS Prison Healthcare Team with the results returning within 24 hours.

**Good Practice 2:** the action taken by the ICM team to maintain informal engagement with prisoners in residential areas when the full formal ICM process could not be facilitated is commendable.

**Good Practice 3:** the action undertaken by the pre-release planning team to facilitate work experience and employment opportunities with Balfour Beatty is highly commendable and may be capable of being replicated with other companies and by other prisons.

**Good Practice 4:** the mental health, occupational therapy and substance misuse patients were assessed against a ‘red, amber, green’ score to establish who would require contact during the pandemic.

**Good Practice 5:** the provision of in-possession medication to enable patients to have more autonomy over their medication.

**Good Practice 6:** access to urgent on site occupational therapy assessment throughout the pandemic.

**Good Practice 7:** the substance misuse team and mental health team continued to accept referrals and offered assessment and treatment via telephone appointments or face‑to‑face as required using closed visit facilities.

**Good Practice 8:** signage on doors alerting staff of the maximum number of staff allowed inside the room.

**Good Practice 9:** an external infection control audit was re-instated during the pandemic.

**Good Practice 10:** a staff survey captured staff views on how the NHS board had managed the pandemic, and there are plans for the survey to be repeated.



**Annex B**

**Acronyms used in this Report**

**CPT** Council of Europe’s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

**COVID-19** Coronavirus Disease 2019

**FLM** First Line Manager

**GIC** Governor-in-Charge

**HIS** Healthcare Improvement Scotland

**HMCIPS**  Her Majesty’s Chief Inspector of Prisons for Scotland

**HMIPS** Her Majesty’s Inspectorate of Prisons for Scotland

**HMP** Her Majesty’s Prison

**HPS** Health Protection Scotland

**HSCP** Health and Social Care Partnership

**ICM**  Integrated Case Management

**LV** Liaison visit

**MAPPA** Multi‑Agency Public Protection Arrangement

**NHS** National Health Service

**NPM** National Preventive Mechanism

**OPCAT** Optional Protocol to the UN Convention against Torture and other cruel, inhuman or Degrading Treatment or Punishment

**ORT**  Opiate Replacement Therapy

**PANEL** Participation, Accountability, Non-discrimination and equality,

 Empowerment, and Legality

**PCF** Prisoner Complaint forms

**PIAC** Prisoner Information Action Committee

**PPE** Personal Protective Equipment

**RMA** Risk Management Authority

**RMT**  Risk Management Teams

**SD** Social distancing

**SG**  Scottish Government

**SOP** Standard Operating Procedures

**SPS** Scottish Prison Service

**SPS HQ** Scottish Prison Service Headquarters

**SRU** Separation and Reintegration Unit

**TSO** Throughcare Support Officer

**TTM**  Talk to Me





HM Inspectorate of Prisons for Scotland is a member of the UK’s National Preventive Mechanism, a group of organisations that independently monitor all places of detention to meet the requirements of international human rights law.

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First published by HMIPS, 15 December 2020

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