

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP BARLINNIE

WEDNESDAY, 15 JULY–THURSDAY, 16 JULY 2020

Introduction

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

Background Information

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

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

Process

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

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

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



REPORT ON A LIAISON VISIT TO HMP BARLINNIE UNDERTAKEN ON WEDNESDAY, 15 JULY AND THURSDAY, 16 JULY 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 Barlinnie was selected for a visit mainly based on HMIPS's prison risk algorithm results over the past few weeks, but it also provided an opportunity to follow-up some of the issues raised in the report of our full inspection of HMP Barlinnie in August 2019.

On entering HMP Barlinnie, HMIPS were met by the Deputy Governor who provided an informative briefing and question and answer session, highlighting the successes and challenges since the COVID-19 lockdown.

The prison came across as clean, safe, and orderly, and the prison management team are to be congratulated on the way they rose to address the additional challenges created by COVID-19.

We also welcome the action taken since our last full inspection to produce plans and a timetable for modernisation and reconfiguration of the reception area. We remain concerned, however, that the urgent refurbishment of the healthcare and reception areas and the need for more accessible cells have been delayed by the COVID-19 crisis.

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

Participation. In light of COVID-19, and the advice received from Health Protection Scotland (HPS), the prison was running an extremely limited regime. The arrival of in-cell telephony and video visit technology, will radically improve participation in family life, and it was encouraging to see indoor recreation being reinstated for the first time on the day of our visit. Communication with prisoners appeared satisfactory, and it was pleasing to see that prisoner information action committees (PIACs) were still running.

Accountability. The prison management team and staff were aware of their responsibilities regarding human rights and striving to balance that responsibly with implementing HPS guidelines. There was clear commitment and evidence of planning towards the reintroduction of visits, education, work parties and other purposeful activity. Similarly, the prison had endeavoured to continue Risk Management Teams (RMT) and Individual Case Management (ICM) work to minimise the disruption to progression plans for prisoners arising from the COVID-19 related suspension of offender management programmes.

Non-discrimination and equality. We did not have time to assess this thoroughly, and the next full inspection will cover this in depth. It was encouraging to see information for prisoners having been translated into foreign languages, indicating that the prison was responding to the gaps in Equality and

Diversity planning identified in our last inspection report. However, the challenges posed by the lack of accessible cells for disabled prisoners and an ageing Victorian prison, with steep stairwells and no lifts, continue. We therefore hope that progress with development of a new HMP Glasgow will continue to be prioritised. The importance of regular and systematic reviews of the care and support needs of prisoners, with Prisoner Records System (PR2) records updated accordingly, cannot be overstated. HMP Barlinnie had work being carried out in a number of designated cells where the TVs were adjusted to facilitate subtitles for those hard of hearing.

Empowerment. It is difficult to empower prisoners when having to impose a restricted regime and when prisoners spend so much of their day locked up in their own cell. Accordingly, we welcome the steps being taken to return to a more normal regime and address social isolation through the reintroduction of indoor recreation.

Legality. Under the current lockdown restrictions there is a tension between the rights set out under Article 3 of the European Convention on Human Rights and the restrictions having to be imposed by HMP Barlinnie. During the visit there was nothing to suggest that the prison was acting in anything other than a responsible manner when adhering to the advice given to them by HPS. Whilst acknowledging that time out of cell was limited and that some prisoners were only afforded 45 minutes per day in fresh air, HMP Barlinnie had introduced a regime in DSL where COVID-19 related Rule 41s were able to access showers, the phone and fresh air daily. This was in contrast to other establishments in the early days of lockdown and this should be commended. Introducing a cordless phone to allow for a translation service to have access to non-English speaking prisoners in D Hall South Lower (DSL) has also to be commended.

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

Wendy Sinclair-Gieben
HM Chief Inspector of Prisons for Scotland
1 October 2020

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

On the day of the visit, HMP Barlinnie had only one prisoner isolating with COVID-19 symptoms. In addition they had a number of prisoners shielding, although a proportion had chosen not to shield despite clinical advice. At the outset of the pandemic, HMP Barlinnie took the decision to dedicate one of their units, DSL, to manage all those with COVID-19 symptoms. Staffed by volunteers and passmen in Personal Protective Equipment (PPE), this allowed daily access to showers and phones in contrast to many other large establishments in the early days of the COVID-19 pandemic, where access to phones and showers was heavily restricted. The occupancy levels have dropped dramatically since the height of the pandemic, but at its peak HMP Barlinnie had 22 prisoners in the DSL. There is a comprehensive set of instructions for admission staff if a prisoner is received with either suspected COVID-19 symptoms, or from abroad, or has had close contact with COVID-19 in the community.

NHS Greater Glasgow and Clyde (GG&C) was one of the last health and social care partnerships to routinely test prisoners who were symptomatic and with the overcrowding in place this resulted in a number of prisoners required to isolate for up to 14 days. The rapid reduction in the prison population and the introduction of testing was reflected positively in the statistics, showing that the number of days prisoners were isolated had significantly reduced.

HMP Barlinnie are to be commended for their rapid response to the COVID-19 crisis and within the HPS advice, safeguarding the human rights of all prisoners such as access to phone calls, showers and time in the fresh air.

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

The Deputy GIC gave a very helpful and comprehensive summary at the start of the visit on the number of staff who were on sick leave or special leave isolating or shielding in relation to COVID-19. At the time of our liaison visit (LV) the number of staff on sick leave for non COVID-19 related issues was lower than it had been during our 2019 full inspection. HMP Barlinnie are to be commended for their reduction in staff absence.

Twenty-two staff were absent with COVID-19 related symptoms with three anticipating returning to work within the week. Thirty-six members of staff had been tested for COVID-19, with only three positive results. The Deputy GIC was confident that the staffing levels were sufficient to safely operate the reduced core day and more restricted daily regime, and the conversations that the inspection team had with both staff and prisoners confirmed that view.

The overwhelming impression was of a calm and orderly atmosphere in the prison, and a regime that was restricted but safe. Conversations with staff suggested that they had more time to provide one-to-one meaningful interaction and that after a difficult first couple of weeks of lockdown, things were much calmer. The next major staffing challenge will come when Scottish Government and HPS guidance shifts to the point that they could consider moving back towards a more normal regime, which would require more staff to return to work. It was recognised that further planning is in place to prepare for a gradual return to normality.

The NHS GG&C prison health care team had four staff absent due to sick leave or COVID-19 related absences, which represented 10% of the total healthcare team of 40. While this added to the pressures on the rest of the team, the NHS GG&C staff team in HMP Barlinnie should be commended for maintaining the core service. HMIPS recognise this was assisted by the flexibility of staff willing to work additional hours and the introduction of the reduced core day with fewer admissions. However, the increased late arrivals from court that occurred when the courts reduced to 10 hubs, placed an undesirable pressure on the reduced healthcare team. HMIPS were very concerned that reception screening by healthcare staff to determine fitness for custody was greatly inhibited. This issue has been escalated during the inspection to NHS GG&C and the SPS.

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 (SD): we will check how SD 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 arrival at HMP Barlinnie, Inspectors noted that the vestibule area was smaller than some of the prisons recently visited; however, entry into the vestibule was controlled by the Electronic Control Room and staff could congregate in a much larger area to await entry. Entering through the main gate to the vestibule, Inspectors observed markings on the floors and notices on display, informing staff and visitors of the social distancing (SD) guidelines. A perspex screen was in place at the vestibule desk to protect the officers and a cleaning protocol in place to ensure x-ray boxes were sanitised after use. Similar to other LVs the key vend area had sterilising wipes available to wipe down keys and alarms and hand sanitiser. Two metre markings could be seen on the ground, leading from main building through the entrance to the main part of the prison but stopped before the residential halls. However, HMP Barlinnie being a large estate, moving outside the residential areas made it easier when adhering to the SD guidelines.

This is not the same for the majority of the residential areas, with the traditional galleries reducing the opportunities to keep within SD guidelines. To combat this, when there is large movements of prisoners, for example at meal times or recreation, there is a one way system where prisoners use one set of stairs to go down and one set of stairs to go up. Hand sanitiser was available on the entry and exit points in all areas. The Inspectors noted that staff were adhering to the SD guidelines more regularly than seen in other LVs, but this was still a daily challenge. Both the senior management team and First Line Managers (FLMs) remarked that they constantly reminded staff and prisoners of the SD guidelines. Due to the staffing numbers, the end of shift was staggered to allow staff to exit safely in smaller numbers, reducing a bottleneck at the key vend area. Prisoners were seen as less likely to adhere to SD guidelines, particularly in the residential areas and when taking fresh air, however when most prisoners questioned understood the guidelines and the reasoning behind it.

Since the start of the lockdown HMP Barlinnie has had the welcome experience of a significant drop in prison population. According to the SPS Population and Accommodation report, on 4 March 2020 HMP Barlinnie had 1,432 in custody. Numbers dropped to as low as 1,037 on 29 May 2020. These numbers indicated that HMP Barlinnie got very close to single cell occupation, however in recent weeks numbers have started to increase and on the day of the LV it had risen to 1,141. Cell sharing is once again more common and HMIPS remains concerned. Many of the cells were not designed to hold two people and we urge the Scottish Government to prevent HMP Barlinnie returning to the same overcrowding levels.

Reception was well laid out with SD markers on entry and controlled movement of prisoners ensure SD as best as possible. Walk through metal detectors reduced the need for staff to carry out rub down searches. Although not witnessed by Inspectors, they were informed that where rub down searches took place masks and gloves would be worn. Similar to other prisons visited during lockdown, masks were given to all those liberated so they can adhere to Scottish Government guidelines on the mandatory use of masks on public transport or to protect those that pick them up. Although not witnessed by Inspectors, the reception FLM informed the Inspectors that the small holding areas, highlighted in a number of full inspection reports as not fit-for-purpose, had now a process in place where prisoners were offered a drink of water and to stretch their legs every 20 minutes until they were taken to their hall of allocation.

Action Point 1: All efforts should be made to adhere to SD or where this is not possible a mask and gloves should be worn in line with the guidelines set out in the SPS Pandemic Plan (latest version updated 25 June 2020)

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.

Visit findings

HMP Barlinnie have two menu variations, a summer version, which they are currently on, and a winter one. Similar to other LVs, HMP Barlinnie had reduced the workforce in the kitchen to comply with SD guidelines but, despite this, the menu had seen minimal changes. One change was the reluctant removal of puddings other than on a Monday, which was highlighted as a complaint by a number of prisoners. HMP Barlinnie had introduced some seasonal items such as salad trays and recently celebrated Eid Ul Fitr with the Muslim population by having a special curry night for all prisoners, which was very well received.

Lunch was observed during the LV. Complaints were raised by prisoners on the length of time the food was in the heated barrows and the lack of checks on temperatures. Due to the time constraints, timings of the arrival of the food was not observed but on checking the daily temperature records it appears the food is checked. It was noted that where it was recorded a degree or two under the recognised temperature staff indicated that this was okay.

One compliant was raised with regards to the canteen sheet. The prisoner complained that he was unable to purchase extra food due to being nothing available for diabetics. The prison canteen sheet had items listed that indicated sugar free, diet coke or 'healthy mix' but the sheet did not indicate if other foodstuffs were appropriate for those with diabetes. Inspectors were informed that those registered with Diabetes were given a Diabetic pack.

Action point 2: The canteen sheet should indicate where foodstuffs are appropriate for those with medical conditions for example diabetes.

Action point 3: Where food does not pass temperature checks action should be taken to reheat the food and ensure food is at an appropriate temperature in future.

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

Section 6 in Letham Hall had three showers and four washbasins out of use at the time of the liaison visit. Prisoners advised that they did still have access to daily showers, but they had to go to Section 5 for this before 18:00, when the doors to each section were locked, which may be problematic. Prisoners were observed using telephones during the visit, and showers were also in use. Staff and prisoners noted that the availability of hot water can be variable and water pressure is often not very good.

While it was pleasing to see the significant reduction in the prison population there were still a number of prisoners having to share cells, which is not helpful when trying to manage COVID risks. HMIPS would have concerns if the anticipated increase in court activity leads to a return to overcrowding and cells only designed for single occupancy having to be used as doubles.

Prisoners were observed taking time in the fresh air in D Hall, around 12 prisoners were making use of the recreation room in C Hall during the LV, and a further 12 prisoners were observed participating in a circuit class outside the gym. Each circuit station was well equipped and appropriately SD.

Inspectors met with members of the psychology team who advised that non-statutory work halted during the pandemic and programmes also ceased. Post programme reports and closed visits with Order of Lifelong Restrictions prisoners continued during lockdown and programme officers have spoken to all prisoners on programme pathways to advise of the current position. RMT meetings continued remotely during the period of lockdown. Inspectors were advised of plans and provisional dates to recommence programmes, dependent on national guidance and in line with the phased route map out of lockdown.

Action point 4: The showers and wash hand basins in Letham Hall should be fixed as a matter of priority to allow all prisoners access to showers after 18:00.

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 (TTM) procedures and prisoners and staff are using referral systems.

Visit findings

TTM cases have risen recently with 14 prisoners on the strategy. This was the highest number since April 2020. The Inspectors attempted to speak to a number of prisoners who were on TTM but unfortunately, due to their presentation or where they were taking part in other activities, this was not possible. The Inspectors reviewed a number of TTM case files and found that on two occasions the pre-case conference health care assessment was either noted as completed after the first case conference had taken place or had not been completed. As this is crucial for developing a care plan it is important that this process is completed in all cases. This was reported to the Deputy Governor for action. It was noted that the narratives were generally of good quality and informative, a particularly good example was to be found in the Separation and Reintegration Unit (SRU)

Action Point 5: The TTM guidance should be followed to ensure all process are completed appropriately.

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

There was only one prisoner on Rule 41 due to being suspected of having COVID-19 from admission. This was the first case since 22 June. This prisoner was situated in DSL, an area set aside for those suspected or having COVID-19. This area had dealt with all cases of COVID-19 since lockdown, with the first case of suspected COVID-19 entering the area on 17 March 2020. A team of dedicated staff had volunteered to work there, allowing prisoners and the team to work in a consistent manner in difficult circumstances. As a consequence of setting up this area, HMP Barlinnie were able to offer prisoners who were isolating through the COVID-19 Rule 41 process access to phones, showers and fresh air on a regular basis from the start of lockdown. This was not the case in other establishments, who were following

the guidelines set out in the SPS Pandemic Plan with regards to restrictions placed on access to showers, fresh air and phones.

At the peak of the lockdown the area dealt with 22 prisoners on Rule 41 and staff reported that it was difficult to maintain the regime due to the time it took to clean areas after use and keep prisoners separate. However, staff looked to ensure prisoners were given a shower at least every second day until numbers reduced. In order to reduce the chance of the virus spreading, the team are kept separate from the rest of the staff, they arrived and leave their shift separately from the main staffing group and have their own changing rooms. Staff informed the Inspectors that the changing rooms were divided into a clean and dirty side, where staff changed out of their civilian clothes into overalls at the start of shift and were able to change back, having showered, into their own clothes and the work clothes were then washed.

Standard Operating Procedures (SOP) were available for all staff to ensure the guidelines and procedures are understood and adhered to. Under those guidelines the Inspectors spoke to the prisoner whilst in PPE and were informed by the individual that he had been treated well. His leg was in plaster and he found it difficult to take fresh air or a shower. He reported that he had recently seen NHS staff who would give him a covering for his plaster to allow him to shower. On checking the Rule 41 paperwork it was found to be comprehensive with good records and narratives. These could be found on Prisoner Records (PR2). There was a high level of cleaning and use of PPE and good processes in place to ensure a high level of safety.

Good Practice 1: HMP Barlinnie had an area assigned to deal with COVID-19 prisoners, where staff worked separately from the main shift and had their own changing rooms.

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

The Inspectors visited the SRU to check on the regime and those on Rule 95. There were seven individuals in the SRU at the time of the visit, which is 50% capacity, the lowest percentage of prisoners we have seen in an SRU since LVs had commenced. One prisoner was on a Rule 95(1), three prisoners were on Rule 95(11), one on Rule 95(12), one on a refusal to return to mainstream, and one on Rule 41 for mental health issues. Samples of paperwork were checked and found to be lawful. The narratives, which could be found in PR2, were comprehensive and daily logs were kept which evidenced the offer of access to a daily shower, fresh air, telephone calls. Not all prisoners took advantage of this offer, particularly fresh air. The SRU gym was closed at this point due to HPS guidelines.

Due to the timing of the visit to the SRU, where orderly rooms were taking place, the Inspectors only spoke to one prisoner on Rule 95(12) who made a number of complaints about the SRU and his personal treatment but had confirmed that he was offered access to his entitlements daily and confirmed that he did not always take them. He claimed that his complaints had either not been processed or not dealt with to conclusion. However, records show that he had made 134 complaints since March 2020, of which 12 complaints had been upheld by the GIC.

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.

Visit findings

Physical visits had stopped in line with COVID-19 restrictions. Virtual visits had been launched and those prisoners with whom Inspectors spoke were positive about their introduction. Some prisoners expressed frustration, however, that they were not able to make use of unused slots. Inspectors understand that this is early days in the introduction of the new technology, and that some of the issues leading to the difficulty in making full use of all available slots are outside the control of the SPS. Nevertheless, we recommend SPS reviews how to maximise use of available capacity and provide additional visit opportunities for those who would make use of them, whilst still ensuring equity and fairness of access.

Inspectors sympathised with the frustration expressed by some prisoners about the level of surrounding noise when trying to make a phone call using the hall phones, as well as the inherent challenge in maintaining SD when using a phone on the wing. Accordingly, the planned introduction of mobile phones for prisoners was widely welcomed by prisoners. Some prisoners wished to be able to top-up the credit time being provided by the SPS with their own money. We understand the technology does not currently support that option, but we encourage the SPS to consider whether such a development might be possible in future. Like other prisons HMP Barlinnie is now adding £2.50 to a prisoner's wage to support contact by phone.

Action Point 6: SPS to review how to make best use of virtual visits capacity to minimise the number of times when slots are left unused which others would be willing to take up

Action Point 7: SPS to review scope for prisoners to be provided in future with the ability to top-up mobile phone credit with their own money

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

Visit findings

The prison was reintroducing indoor recreation on the day of our visit. Understandably, because of SD and COVID-19, recreation was having to be organised in small groups, so that on average each prisoner was likely to get indoor recreation only once a week, but it was nevertheless pleasing to see this first step towards increasing opportunities for social interaction. Similarly, we welcomed construction and use of a health and wellbeing area outside the chaplaincy, which provided an opportunity for older and more infirm prisoners to sit and chat outside in small groups.

Good Practice 2: We commend HMP Barlinnie on provision of an area for small groups of older and more infirm prisoners to sit and chat outside in health and wellbeing sessions

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.

Visit findings

Prisoners were able to access a phone to speak with legal representatives in all the residential areas, including the DSL housing those held under Rule 41 for COVID-19 related reasons. This wing had acquired a wireless handset to allow foreign nationals with suspected COVID-19 to speak to a translator, which was considered to be good practice. Inspectors also checked and confirmed in B Hall that prison rules were available to prisoners on request.

Good Practice 3: HMP Barlinnie had purchased a cordless phone for all foreign nationals with suspected COVID-19 to speak to a translator

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

The prison had provided a large number of DVDs for all prisoners at the start of the lockdown, and had initially allowed families and friends to post in additional DVDs but had then been overwhelmed by the number arriving. This decision frustrated some prisoners, but we recognise why the prison acted as it did.

The prison had also provided puzzles, self-learning packs, and a large number of books at the start of the pandemic, but there was an insufficient number of some activity books and they did not appear to have been changed for two months.

HMP Barlinnie had work being carried out in a number of designated cells where the TVs were adjusted to facilitate subtitles for those of hard of hearing.

Action Point 8: HMP Barlinnie to refresh and update the supply of puzzles, books and other distraction activities.

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.

Visit findings

HMP Barlinnie offered six periods of 45 minutes per day in the fresh air to allow access for residential areas. Inspectors observed fresh air being taken throughout the visit in different areas. The programme of fresh air ensured an equity of opportunities within each residential area as there were different times allocated to each level on different days. Uptake in fresh air exercise was normally above 50%, but in some cases this rose to over 60% of the hall population. Those unable to attend regular exercise due to their health were offered an area to sit outside in a small decking area (see section 10 above). Although this came under the health and wellbeing banner, it showed HMP Barlinnie adhering to prison rules in offering all prisoners fresh air throughout the day.

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.

Visit findings

Changes to the regime were displayed on noticeboards throughout the prison. The reasons for the regime change were clearly communicated and were displayed alongside PIAC minutes, catering information and menus. Information regarding chaplaincy services during the pandemic and details of how to request liberation medication were also available. A range of other information was observed at various points throughout the prison, including a note advising prisoners about additional Sky TV channels added during the course of the pandemic, monthly COVID-19 updates from management, including the impact on the establishment and prisoners on noticeboards with the regime restrictions, along with information and guidance on the implementation of virtual visits. New Health and Wellbeing

class timetables were displayed. Additionally, there were notes at all bathroom and shower areas in Letham Hall about the importance of good hygiene in infection control and also large yellow SD signage was displayed advising of national guidelines.

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.

Visit findings

The Education department was closed and had been so since lockdown. No education could be observed. Prior to Fife College suspending the education delivery at HMP Barlinnie and withdrawing the staff, they had developed in-cell learning packs which were delivered to the halls before the staff were removed. Learning packs were also placed on SharePoint for SPS staff to download and issue over the period of time when Fife College had withdrawn.

At the time of the liaison visit, learning staff managers were onsite planning for the potential resumption of face-to-face education on 10 August in line with the Further Education Colleges. Fife College's intention is to immediately recommence the education core screen and prisoner learning plans as a priority. Planning was also underway to develop and update the learning packs and provide a blended education model of classroom activity and in cell learning education. Fife College and the Head of Learning are fully cognisant of the need to adhere to the Health and Safety restrictions within their own pandemic planning when opening the facility and their staff will also follow the establishment Health and Safety PPE protocols.

Library access was by request only and HMIPS look forward to the resumption of library activity. Whilst appreciating the difficulties of infection transmission, HMP Barlinnie should afford greater access to legal reference documents, HMIPS reports and a broader range of books, DVDs and CDs.

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.

Visit findings

Services in the multi-faith centre had been halted in line with HPS guidance, but the chaplaincy team were continuing to provide pastoral support and respond to requests from individual prisoners. Radio broadcasts from the lead chaplain and Imam were providing further opportunities for individuals to access religious messages. The Inspectors spoke to the prison Imam who ensured he met with all Muslim prisoners on a weekly basis.

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

In line with Scottish Government COVID-19 guidance for the outside population, all gymnasiums within the establishment remained closed. However, Inspectors observed prisoners taking part in small groups, social distanced outdoor health and wellbeing sessions on the AstroTurf pitches. HMP Barlinnie have recently expanded these.

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

Inspectors met with Links Centre staff and were informed of changes to pre-release services during the pandemic. Various third sector staff who are normally on site in HMP Barlinnie have been unavailable to meet with prisoners prior to release which has led to slightly diminished provision. SPS have distributed pre-release packs with important information and contacts. Those eligible for early or emergency release were interviewed six weeks in advance by Links Centre staff, with social distancing measures in place, and where appropriate, referred on to external agencies. Weekly communications between Links Centre staff and various housing associations are ongoing to advice of prisoners who will require accommodation and by which date. There is no formal mechanism to systematically follow this up although inspectors were advised that Links Centre officers were actively contacting prisoners liberated through early release on the week of the liaison visit.

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

Inspectors spoke to staff throughout the day across various parts of the prison. Views varied on the current core day-shift pattern, with some staff now being in favour of keeping the shift and others were keen to return to the traditional shift pattern. All staff understood the need to change the shift pattern due to the numbers of staff being off due to COVID-19 issues and for the good running of the prison. Staff understood their roles and the objectives of allowing prisoners their basic rights. Staff informed the Inspectors that they had been well communicated by the senior management team and their FLMs. A good example of this was a recent letter sent to all staff from the GIC, with an update on the prison recovery plan and information on the increase to health and wellbeing access in the Gymnasium. HMP Barlinnie also publish a newsletter informing staff of the current situation and any upcoming changes or introductions, for example information on virtual visits and in-cell telephony. SOPs had been developed to deal with COVID-19 specific issues around dealing with those suspected of COVID-19, the management of shielding prisoners and the reception process for those suspected of COVID-19. The latest SPS Pandemic Plan could be found on the local SharePoint site. The senior manager responsible for organising all issues relating to COVID-19 had informed staff by way of an email, where all the relevant documents could be found.

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.

HIS Liaison visit to HMP Barlinnie 16 July 2020

This section sets out the findings from Healthcare Improvement Scotland's (HIS's) LV to HMP Barlinnie which took place on 16 July 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's findings below align with Standard 9 of the 'Standards for Inspecting and Monitoring Prisons in Scotland'.

How we carried out the liaison visit

HIS asked NHS GG&C staff at HMP Barlinnie to complete a proforma in advance of the LV regarding the healthcare provision during the pandemic. HIS inspectors then held a teleconference meeting with healthcare staff to discuss the completed proforma and to help inform the key lines of enquiry for the visit. During the LV, two inspectors spoke with members of staff 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.

Visit findings

Access to care

We saw good systems and processes for prisoners arriving at reception. All patients who are symptomatic or report symptoms of COVID-19 are transferred directly to a designated hall, DSL. Nursing assessments are carried out to reduce the potential risk of transmission and new admissions are housed in this area. All other admissions are screened in the reception room. We were shown the cells used to detain prisoners whilst waiting for admission. These are not fit-for-purpose as highlighted in our previous report from the full inspection of HMP Barlinnie in August/September 2019.

The healthcare team uses Attend Anywhere (a secure NHS video call service for patients) for specialist appointment and clinics such as the psychiatrist clinic and GP clinics. However, there were challenges around availability and access to rooms to use for these clinics and this required detailed planning by the healthcare team to schedule appointments. As more services resume, this will add to the challenges and may impact on the availability of slots for services. A member of the healthcare team also has to be present in the room with the patient which means that additional resource has to be sought. The healthcare team and the SPS were looking to source alternative rooms to enable more Attend Anywhere clinics to take place.

Primary Care

The process for self-referral has not changed during the pandemic. Forms are available within the residential areas and triaged by nursing staff each day. The only routine appointments that have been cancelled are with the GP, however triage referrals are screened as per normal protocol and any patient requiring a GP appointment will get one without delay. There is no current waiting time for primary care services. Referrals to secondary care continue with appointments undertaken by Attend Anywhere, telephone or in person. Urgent transfers to hospital take place as per existing protocols. Primary care nurses continue to run clinics for asthma, diabetes and tissue viability. Patients requiring dressing and bloods will attend the health centre.

The healthcare team moved to a single shift roster and amended medication dispensing times to align with a new SPS regime. Each residential hall has an allocated nurse for the shift who is responsible for dispensing medication, triaging referrals and carrying out any interventions. The last medication round is delivered at 17:00 and overnight in-possession medication is provided to patients. The healthcare team hope to continue this practice as it enables patients to have more autonomy over their medication to support their sleep patterns. This is good practice.

Long-term condition clinics continue and the primary care team completes anticipatory care plans with these patients. Nursing staff have good oversight of vulnerable patients during medication rounds and whilst triaging in the halls. Nursing staff indicated that the relationship with SPS regarding a patient's health is good. SPS staff will alert healthcare staff of any concerns about a patient's health and wellbeing. Due to a lack of suitable accessible cells in HMP Barlinnie, we were informed that patients requiring accessible cells are offered the opportunity to be relocated to HMP Low Moss which can provide a suitable cell environment. Palliative care services are ongoing as required. Ailsa Care Services, commissioned by SPS, continues to provide social care in the prison.

Mental Health

There is no waiting list for access to the mental health nursing team and routine appointments and review clinics have continued. This is very good practice. All patients were provided with self-help literature to support them during the pandemic. The mental health nursing team has also been proactive in arranging materials for

prisoners such as crosswords and colouring books to help keep them occupied, alleviate stress and support relaxation.

Psychiatrist clinics have continued using Attend Anywhere and where necessary face-to-face appointments have been provided. Patients continue to be transferred to a mental health unit when necessary. Psychological therapies were paused from March until June 2020. This has resulted in the waiting list for access to the psychological therapies service increasing. However, we were told that planning and activity around reducing the waiting times was underway, made available through Attend Anywhere. Patients on the waiting list for psychology are reviewed by the mental health team. The psychology department is recommencing contact with priority patients in July 2020.

Substance Misuse

Face-to-face consultations have continued for harm reduction and assessments are completed for substance misuse. This is good practice. Blood Borne Virus testing and treatment has restarted and dry blood spot testing is offered on admission. The health improvement team created a support services leaflet for liberation and a through care document to support community agencies when a prisoner is released. Addiction staff remain in contact with the community providers. Opiate replacement therapy continues and these patients are assessed by an addiction nurse on admission and offered 'one-to-one' training on the use of the drug Naloxone (used to reverse the effects of an opiate overdose).

National guidance was issued on 1 May 2020 for immediate implementation of a new clinically proven method of Opiate Substitution Treatment (OST) known as the new drug 'Buvidal'. This is to meet patient treatment needs and reduce the burden of daily OST provision in NHS Scotland and the SPS during the COVID-19 pandemic. Scottish Ministers are expecting NHS boards and integration authorities to transfer all prisoners currently on OST and serving a sentence of six months or longer, onto Buvidal where clinically appropriate. The NHS board undertook a scoping exercise on the potential use of Buvidal with oversight by a multi-disciplinary group. The exercise highlighted an expected low uptake of Buvidal. Also as HMP Barlinnie had recently moved to using the drug Espranor for some patients, it was deemed inappropriate to introduce a further change which would vary from the community provision. The NHS board has communicated its approach to the Scottish Government and is considering the use of Buvidal in the longer term.

Patient admissions

The logistics around the introduction of virtual courts have posed significant challenges for the healthcare team when late admissions result in prisoners having no access or delayed access to nursing staff and GPs. Prisoners who arrive after 21:00 may not receive a health screening as part of the reception process due to nurses having already finished their shift. This means that prisoners might not receive essential prescribed medication, will not be assessed for withdrawals, and will not be assessed to see if they are fit to be in custody. It also means that the prison will not fully comply with the SPS suicide prevention strategy and that the risk is not fully assessed or appropriately managed until the next day. This is a

significant concern particularly for vulnerable prisoners which HIS has escalated to HMIPS for onward escalation to the Scottish Government (**see Action Point 9**).

Glasgow City Health and Social Care Partnership (GCHSCP) has responded to the escalated issues outlining details of extensive work in place to address this national issue. We have been provided with details of interim service options under consideration to address the identified risks for patients arriving out of hours, including staff provision and a partnership approach to service delivery. This will be subject to further detail following planned response meetings. An interim arrangement has been reached to provide a further nursing shift between 14:00-22:00 to cover late patient admissions whilst a sustainable solution is reached via national discussion with partner agencies. We will continue to monitor the progress of this work and the impact on patient care.

Infection Control/Health centre environment

Further to recommendations from the 2019 inspection, plans are progressing to improve the healthcare environment in partnership with SPS. Plans included changes to the health centre layout and subsequent alterations to the treatment room, waiting room and offices. Refurbishment work is scheduled to start in October 2020 and expected to complete in March 2022. Inspectors requested a copy of the timeline for this work which indicated that planned work would be in three phases. The timeline showed refurbishment of the areas delivering healthcare due to commence in January 2021.

The fabric of the building is aged and in a very poor state. An area within the health centre has been painted and the flooring replaced within the treatment room as immediate remedial improvements, however the environment has not improved significantly since the 2019 inspection. Areas where healthcare is delivered remain difficult to clean. Rooms are allocated in each hall for nursing staff to provide medications, triage and consultation with patients. These rooms remain in a very poor state of repair causing considerable risk in the ability to effectively clean them and are no longer fit-for-purpose. Staff have assured us that no invasive treatment takes place in these rooms, however staff themselves have raised concerns about the cleanliness in these rooms. Cleaning in these rooms is provided by trained pass men. However, this is subject to variation as the pass men are sometimes unable to access the rooms to clean them (**see Action Point 10**).

Cleaning of the health centre is provided by an independent contractor who is commissioned by SPS to clean the health centre once a day. The healthcare team described several concerns about the cleaning undertaken and has provided feedback to the contractor. All staff described that the time allocated to the cleaners is not enough to achieve a good standard of cleaning considering the fabric of the building remains very poor. We were told that nursing staff are regularly cleaning the treatment room in order for it to be suitable for use following cleaning by the private contractor. Senior management have escalated concerns to SPS and the partnership. The healthcare team has requested additional cleaning resource from SPS, but there has been no consistent additional capacity allocated. Enhanced cleaning measures were put in place after the 2019 inspection but this was not continued, and there has been no significant additional cleaning provided in

response to COVID-19 by the contractor. Nursing staff informed us that they regularly clean frequently touched areas and we saw evidence of cleaning products in place within the treatment room.

Staff indicated they had requested extra response from the contractor to clean door handles. However, staff still express concern about the consistency and quality of cleaning. This is a concern given the need to safeguard patients and staff during the pandemic. There was also no evidence of a process being put in place for additional cleaning and consideration of control measure required during the planned refurbishment of the building. The inspectors have escalated their concerns about cleaning to the healthcare team, the NHS board, GCHSCP and the Scottish Government (**see Action Points 11 and 12**).

Following our visit we have been provided with assurances that additional cleaning resource is being addressed as a matter of priority. We await further detail regarding the planned control measures being considered during the planned refurbishment and have asked for assurance that all areas where healthcare delivery takes place be given priority in the refurbishment plans. We have requested a revised timeline for this work. We will continue to review the progress of this work with HMP Barlinnie.

During the visit inspectors reviewed the area used by the private contractor to store cleaning equipment. This room is small and cramped and the floor was dirty and dusty. The shelving beside the sink was damaged and damp. This area requires to be emptied and cleaned immediately and a suitable environment provided for the storage of cleaning equipment (**see Action Point 13**).

We saw that equipment used by nursing staff was clean and ready for use. Staff described how they would decontaminate equipment in between use and the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles are available in all clinical rooms. Appropriate disinfectants are used in the clinical areas as per the NHS board's infection control guidelines. Hard surface wipes and hand sanitisers are available in all rooms within the health centre. All healthcare staff have access to required PPE. Arrangements were put in place at the beginning of the pandemic for staff to be FFP3 mask fit tested. Following advice from HPS and NHS GG&C, staff are not required to use FFP3 masks. Staff are attending emergencies as first responders only and no aerosol generating procedures take place in HMP Barlinnie. Staff have been supported by senior management in this decision making and this will be subject to review in the recovery stage of the pandemic. Staff have an adequate supply of appropriate masks, gloves, aprons, goggles if required.

We observed staff using correct PPE when they were not able to socially distance. Sign-posting was available throughout the residential areas and health centre, outlining appropriate usage.

During our visit, we reviewed the waiting room within the health centre for patients. The seating area did not have SD prompts such as floor markings or signage on seats. Staff told us that patients are brought to the clinic in groups and do not practice SD. Nursing staff informed us that all patients wash their hands on entry to

the clinic room and use a mask during the consultation. Patients then remove their mask and perform hand hygiene before they leave. We saw signage on the treatment room to indicate this practice must be followed. This is good practice, however SD should continue to be encouraged as indicated by the Scottish Government's national guidelines and route map.

Senior management informed us that asbestos was dislodged three to four months ago in the area occupied by the health improvement team. An approved contractor has since removed the asbestos and certificates for the safety of this area are in place. Due to the age and fabric of the building and improvements planned, a map of HMP Barlinnie has been produced indicating areas of potential concern regarding asbestos. SPS has commissioned a preparatory survey to minimise any risks associated with this, as part of the planned building works.

Governance, leadership and staffing

The prison healthcare team is part of GCHSCP which falls within the remit of the Joint Integration board. Escalation and governance processes have been maintained during the pandemic. The Head of Service for prison healthcare attends Adult Services Heads of Service COVID meetings which feed into the daily GCHSCP Executive Group COVID-19 meetings. A range of communications exist with the NHS board and GCHSCP to discuss workforce and clinical demand, and the allocation of resources. There is a clear reporting and governance structure with NHS GG&C with effective accountability.

Staffing levels are adequate, particularly with prison population having reduced to 1,088 prisoners. Recruitment of staff has been ongoing and the current vacant Health Care Manager post is being recruited to. The mental health team has involved Band 4 student nurses at the end of their training and close to gaining their professional registration in co-ordinating and distributing self-help materials to prisoners. This is good practice. The NHS board provides multiple mechanisms to support staff health and wellbeing. Staff told us that they feel well supported with one-to-one and team meetings continuing during the pandemic. Clinical supervision is ongoing and access to training opportunities remains available.

The relationship with SPS improved greatly at the start of the pandemic. The Governor initially held daily meetings and invited healthcare representation to discuss COVID-19 related issues. Some challenges remain around communication and openness and the healthcare team continues to highlight issues to SPS to help ensure the smooth running of the healthcare service for patients. A more collaborative approach is taking place across all three prisons within the NHS board area including work to align prisoner healthcare processes and procedures.

The healthcare team has developed a recovery plan in conjunction with the SPS for roll-out in August 2020. This is something we will follow up at a future inspection as our visit on 16 July was focused on how HMP Barlinnie was functioning with key health aspects during the pandemic and taking forward key improvements in response to the 2019 full inspection.

Action Point 9: National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmev and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.

Action Point 10: HMP Barlinnie must ensure that trained pass men can regularly and consistently access 'nursing' rooms within halls to ensure they can be appropriately cleaned.

Action Point 11: HMP Barlinnie, GCHSCP and NHS Board must provide a healthcare area that is fit for purpose and can be effectively cleaned to ensure the safe delivery of healthcare.

Action Point 12: Enhanced cleaning measures must be put in place immediately to mitigate the existing risks

- during the pandemic, and
- while remedial building works are undertaken.

Action Point 13: HMP Barlinnie must ensure that a suitable area be provided for storing cleaning materials.

Good Practice 4: Continued access to care for mental health, substance misuse and primary care services.

Good Practice 5: Improved autonomy for patients through provision of in-possession medication for use overnight.

Good Practice 6: Band 4 student nurses awaiting qualification have been working with the mental health team.

Conclusion

The prison was calm and orderly, and it was very encouraging to see the reintroduction of indoor recreation and planning underway for the reintroduction of other services. HMIPS similarly welcome planning for the reconfiguration of the reception area and the reduction in the rate of staff absences. We also commend HMP Barlinnie on provision of an area for older and more infirm prisoners to sit and chat outside, and on assisting foreign nationals to contact a translator while having to isolate in line with COVID-19 guidelines.

It was similarly pleasing to see no waiting lists for primary care or access to the mental health nursing team, and that three aspects of healthcare provision were seen by HIS as representing good practice. The prison had a commendable record in managing COVID-19 risks and was ahead of other prisons in protecting the human rights of those isolating by ensuring access to phones, fresh air and showers.

Nevertheless, notwithstanding the excellent record in managing COVID-19 risks, infection control in the health centre was a concern, with no progress visible since our last inspection and the need for action on cleanliness and infection control even more urgent in a COVID world. We welcome the fact that additional cleaning has been put in place since our visit, but the underlying structural issues with the health centre which affect infection control still need to be resolved.

The impact of late admissions on risks to patient safety was also a concern at the time of our visit, with compromised ability to assess late admissions and respond to health needs. Again we welcome the fact that a later nursing shift has been put in place since our visit by the healthcare partnership, but assessment after 22:00 is still dependent on the willingness of nursing staff to stay beyond their normal shift. Therefore improved co-ordination of justice services is required to ensure no one is admitted outside core hours and/or acceptance of the cost of reintroducing a nursing night shift.

In relation to the remainder of the 13 Action Points we would draw attention to the fact that the state of repair of showers in Letham Hall remains unresolved, despite being highlighted in our full inspection report almost a year ago, and should therefore be seen as a priority.

List of Action Points and Good Practice

Action Point 1: All efforts should be made to adhere to SD or where this is not possible a mask and gloves should be worn in line with the guidelines set out in the SPS Pandemic Plan (latest version updated 25 June 2020)

Action Point 2: The canteen sheet should indicate where food stuffs are appropriate for those with medical conditions for example diabetes.

Action Point 3: Where food does not pass temperature checks action should be taken to reheat the food and ensure food is at an appropriate temperature in future.

Action Point 4: The showers and wash hand basins in Letham hall should be fixed as a matter of priority, to allow prisoners access to showers after 1800.

Action Point 5: The TTM guidance should be followed to ensure all process are completed appropriately.

Action Point 6: SPS to review how to make best use of virtual visits capacity to minimise the number of times when slots are left unused which others would be willing to take up

Action Point 7: SPS to review scope for prisoners to be provided in future with the ability to top up mobile phone credit with their own money

Action Point 8: HMP Barlinnie to refresh and update the supply of puzzles, books and other distraction activities.

Action Point 9: National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmev and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.

Action Point 10: HMP Barlinnie must ensure that trained pass men can regularly and consistently access 'nursing' rooms within halls to ensure they can be appropriately cleaned.

Action Point 11: HMP Barlinnie, GCHSCP and NHS Board must provide a healthcare area that is fit for purpose and can be effectively cleaned to ensure the safe delivery of healthcare.

Action Point 12: Enhanced cleaning measures must be put in place immediately to mitigate the existing risks

- during the pandemic, and
- while remedial building works are undertaken.

Action Point 13: HMP Barlinnie must ensure that a suitable area be provided for storing cleaning materials.

Good Practice 1: HMP Barlinnie had an area assigned to deal with COVID-19 prisoners, where staff worked separately from the main shift and had their own changing rooms.

Good Practice 2: HMP Barlinnie had purchased a cordless phone for all foreign nationals with suspected COVID-19 to speak to a translator

Good Practice 3: We commend HMP Barlinnie on provision of an area for small groups of older and more infirm prisoners to sit and chat outside in health and wellbeing sessions

Good Practice 4: Continued access to care for mental health, substance misuse and primary care services.

Good Practice 5: Improved autonomy for patients through provision of in-possession medication for use overnight.

Good Practice 6: Band 4 student nurses awaiting qualification have been working with the mental health team.



Acronyms used in this Report

COVID-19	Coronavirus Disease 2019
DSL	D Hall South Lower
FLM	First Line Manager
GCHSCP	Glasgow City Health and Social Care Partnership
GIC	Governor-in-Charge
GG&C	Greater Glasgow and Clyde
HIS	Health 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
ICM	Individual Case Management
LV	Liaison visit
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Treatment
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PIAC	Prisoner Information Action Committee
PPE	Personal Protective Equipment
PR2	Prisoner Records System
RMT	Risk Management Teams
SD	Social distancing
SOP	Standard Operating Procedures
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SRU	Separation and Reintegration Unit
TTM	Talk to Me

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