

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP KILMARNOCK

WEDNESDAY 24 JUNE 2020

Inspecting and Monitoring
<https://www.prisoninspectorscotland.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 HM Inspectorate of Prisons for Scotland (HMIPS) during the COVID-19 pandemic emergency and was conducted under HMIPS' 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.

HM 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' [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 KILMARNOCK UNDERTAKEN ON WEDNESDAY 24 JUNE 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 Kilmarnock was selected for a visit was in part based on the HMIPS prison risk algorithm results over the past few weeks, and in part based on a delayed scheduled full inspection to HMP Kilmarnock in 2020 as part of our routine full inspection programme.

On entering HMP Kilmarnock, HMIPS met with the Director and Deputy Director and were provided with a security, health and safety and in addition an informative briefing and question and answer session, highlighting the challenges and successes since the COVID-19 lockdown. This provided for a helpful discussion and gave a rich picture of the issues facing the prison.

The prison came across as clean, safe, calm 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 commend HMP Kilmarnock on their foresight and planning in building up stocks of PPE in anticipation of the arrival of COVID-19 which allowed them to make 16,000 items of PPE available to local authorities to help them protect their key workers.

We welcome the additional recreation time that HMP Kilmarnock had recently provided – so that prisoners were in total getting two hours fifteen minutes out of their cells to access fresh air, showers and phones – and their commitment to increase time out of cell further in the coming weeks.

We also applaud HMP Kilmarnock for seeking to get more education services delivered and increase the work parties running. HMIPS in particular welcomed the introduction of body worn cameras for staff. HMP Kilmarnock has agreed in due course to share their evaluation and data with us on the impact the body worn cameras have made in supporting violence reduction etc.

Long term and short term prisoners held distinctly different views about the prison, with short term prisoners having significantly more positive perceptions.

Several long term prisoners expressed concern about the handling of correspondence and other material. Their concerns lay in the testing for NPS, as well as delays in receiving correspondence and out-going correspondence being posted. The prison appeared to be following SPS guidelines in the way correspondence was tested and intercepted. The SPS should explore changes to Prison Rules regarding the photocopying of such correspondence.

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 HPS, the prison was running an extremely limited regime. Time out of cell was longer than we have seen in recent liaison visits to other prisons and, although purposeful activity had reduced dramatically in response to COVID-19, the prison had started action to increase work parties and get education services running again. The arrival of in-cell telephony and video visit technology, will radically improve participation in family life. Communication with prisoners appeared good, and it was encouraging to see that prisoner information action committees (PIACs) were still running regularly.

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 to continue to increase recreation time, reintroduce education and work parties and work with the SPS to modernise approaches to prison industries. The plan is to increase the range and type of qualifications on offer to better support rehabilitation and entry into employment. We welcome this ambitious agenda and look forward to hearing more about the progress for this on our next full inspection.

Non-discrimination and equality. We did not have time to assess this thoroughly, and the next full inspection will cover this in depth. During the LV Inspectors were unable to source information around COVID -19 in a language other than English. However the prison appeared to be giving due consideration to equality and diversity issues in most areas with most notices translated on the ATM style kiosks.

Empowerment. It is difficult to empower prisoners when having to impose a restricted regime so we welcome the steps being taken to return to a more normal regime and increase the time out of cell. Self-representations with regards to RMTs are important to get the prisoners perspective and it was pleasing the HMP Kilmarnock had encouraged this.

Legality. 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 Health Protection Scotland (HPS). Whilst acknowledging that HMP Kilmarnock were providing more time out of cell than we had seen on previous LV's along with allowing prisoners access to a phone while isolated under rule 41 (COVID-19) there is still a tension between the rights set out under Article 3 of the European Convention on Human Rights and the restrictions having to be imposed. On checking lawful process such as Rule 95 it was found to be appropriately managed. However other aspects such as access to legal reference books, prison rules etc. will be covered in the full inspection.

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.

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

At the time of our inspection no prisoner was currently testing positive for COVID-19 or symptomatic for COVID-19, so no prisoners were currently isolating. Since the start of the pandemic 60 prisoners had required to be placed on Rule 41, with only two prisoners testing positive and 41 having displayed symptoms. Seven prisoners with underlying health conditions were being shielded and four staff had tested positive.

The senior management team acknowledged that COVID-19 had been the biggest challenge some of them had ever faced and the first few weeks after lockdown were particularly difficult. The prison management team identified the following issues as being particularly challenging:

- removal of the in-patient facility within the health care centre which restricted their capability to isolate and treat those testing positive for COVID-19
- the safe and secure management of the areas including infection control
- the management of prisoners from court displaying symptoms (and the fact that people who were not displaying symptoms could still be carrying the virus)
- managing fears and anxiety of prisoners and staff in the early phase of the pandemic
- maintaining vigilance and enforcing social distancing, particularly as time progresses and fears recede
- the need to continue double occupancy of some cells

It was clear from our visit that the prison had risen to overcome many of these challenges, and had benefitted from the contingency planning initiated ahead of the pandemic's arrival, with the result that they had built up supplies of Personal Protective Equipment (PPE) sufficiently to respond to a request for assistance with emergency supplies of PPE. HMP Kilmarnock are to be commended on being able to make 16,000 pieces of PPE available for local authorities to support their own care workers and other key workers.

Risk assessment tools were developed and introduced to deal with the emerging situation, and were being implemented across the whole prison.

Briefings for prisoners were provided through Prisoner Information Action Committee (PIACs) and newsletters. The senior management team believed that effective communication with prisoners had helped to secure their co-operation and goodwill, assisting with managing a difficult situation.

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

At the start of the Pandemic 28 staff were off sick, but the Director was delighted with the dedication and commitment of staff to return to work and at the time of our liaison visit only 1% of staff were on sick leave, which is highly commendable and the best we have seen in HMIPS.

The prison management team thought that the introduction of staff breaks and a Wellness Room had helped.

The prison had recruited additional staff to deal with the increased number of prisoners that they had been asked to take under their contract with the SPS. Accordingly, at the time of our visit, the prison had quite a number of recent recruits, and the combination of additional staff and reduced core day was facilitating a phased induction for new staff. Perhaps understandably some prisoners said they still felt safer when a greater number of more experienced staff were on the shift.

The impact of running a reduced core day meant that the Director had additional staff to deploy across the prison, so they had been able to boost the number of staff in residential areas, which contributed to the calm orderly feel to the prison and to a significant reduction in incidents of violence over the lockdown period.

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 entering HMP Kilmarnock, notices were observed at the staff and visitor entrances explaining SD. Markers were on the ground indicating the 2 metre restrictions. Inspectors were dealt with by staff wearing PPE and observed that the staff footfall at the entry points and searching areas have been reduced to a maximum of 4 staff at any one time. Notices and SD markings were observed throughout the prison informing people of the SD guidelines.

A consistent observation made by HMIPS on previous prison liaison visits was that SD was not always adhered to, and our visit to HMP Kilmarnock was similar. Inspectors accept that there will be times when this is not possible, where staff may have to react quickly to operational requirements, such as responding to a spontaneous act of violence or attempted suicide. However staff carrying out their regular duties were not always adhering to the SD guidelines, informed by the SPS Pandemic plan, regarding physical distancing:

- 9.5 There are occasions where staff will not be able to maintain a 2 metre distance from their colleagues or someone in custody. In those instances, PPE must be worn.

The prison is divided into 2 house blocks with four residential areas on two levels in each and a Separation and Reintegration Unit (SRU). Each residential area is split up into four sections. During the visit these sections were described as households and only those living in these sections mixed together, reducing the chance of any outbreaks; an exception to this was the pantry and cleaning operatives. When visiting these areas, Inspectors found that there was little evidence of prisoners SD. However, the most common complaint the inspectors received from prisoners was related to the lack of staff SD whilst not wearing Personal Protective Equipment (PPE).

Due to a lack of movement, inspectors did not visit the reception area, but will do in any future inspections or LV's. In the earlier stages of COVID-19 issues did arise with a lack of communication between external partners and the prison resulting in prisoners arriving with possible symptoms of COVID-19 with no warning. Processes are now in place between the courts and police stations where, if a custody has possible symptoms of COVID-19, the prison is notified and the custody is taken directly to an area designated within the prison, bypassing the reception area, where the custody is assessed for the virus prior to entering the prison regime. The reception area will be visited in a future Liaison visit.

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.

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 inspectors did not visit the kitchen during this visit. The mid-week menu has changed since lockdown from a hot meal choice at lunch to soup and a choice of three flavours of sandwich, with a hot filled roll on a Tuesday. The lunch was tested and found to be of an acceptable quality. The change in menu is due to a restricted number of catering operatives attending the kitchen. Lunch was observed in both house blocks and showed an inconsistency in service. In house block 1 the prisoners picked their food up from the servery and in house block 2 lunch was delivered to each prisoners cell.

Discussions about the food took place with a number of prisoners in both house blocks. The general view was be that the quality of the food was satisfactory, but there were complaints that portions were too small. There were also complaints that the barrows used to transport hot food to the residential areas were not clean and that requests to address this had not resolved the issue.

Inspectors were informed that appropriate arrangements had been made to accommodate anyone wishing to observe Ramadan, but inspectors were not able to confirm that on this visit.

Due to COVID-19, the regime had changed to a shorter 'core day' and as a consequence the regime was greatly restricted. Both house blocks appeared to have the same regime and apart from essential workers attending their work parties, the prison concentrated in offering time out of cell. The timing of sessions were on a rolling basis throughout the week so that everyone got fair access to the various morning and afternoon slots. These slots consisted of a 30 minutes in the morning

and a further one hour 45 minutes slot to undertake fresh air, keep fit programmes in the exercise yard (in the morning slot), recreation ,to have a shower or use the phone. Pool and other interactive games were not available at this time. For some sessions exercise was restricted to walking indoors. The new regime times were displayed on the kiosk system and on information sheets. When speaking to prisoners on the restrictions to their regime, most were understanding of the situation and the efforts the prison had taken to keep them safe and acknowledged that time-out of cell although restricted was adequate to use the kiosk to order canteen and keep up with the information from the prison. Most prisoners the Inspectors spoke to, were looking forward to the in cell telephony being rolled out. At the time of the visit the work on in cell telephony in the first residential area was near completion. It was pleasing to note and confirmed by a number of prisoners that where there was a need to access family contact by phone out with the core day, prisoners could request access to a phone between the hours of 18.00 – 20.00.

Action Point 2: A consistent approach to the delivery of meals would reduce the frustrations of prisoners not knowing which process would be used.

Action Point 3: the prison should take action to improve the cleanliness of the food barrows

Good practice: Access to a phone after lock up was available on request for those unable to contact their family during the core day.

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.

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

During the visit four prisoners were on TTM and the Inspectors were advised that it would be detrimental if they spoke to them. Paperwork was checked and found to be of a good standard and followed the TTM guidelines.

Recent figures indicated a rise in TTM cases in the weeks leading up to the visit; staff indicated that a contributory factor was the rise in Novel Psychoactive Substances (NPS) use. However this had not been verified. Those dealing with the more vulnerable prisoners observed that mental health issues had increased, and raised with HMIPS that there was a range of contributory factors including prisoners stressed about being in prison, an inability to read or write compounded by the restrictions of the core day, and the lack of meaningful engagement in general given the restricted regime.

Since lockdown, 60 prisoners have been the subject to Rule 41 due to COVID-19, where 22 prisoners had been tested with two prisoners returning a positive result. There were no prisoners on Rule 41 due to COVID-19 at the time of the visit with the last prisoner on rule 41 in isolation was the 17 June. Inspectors spoke to one of the prisoners who had tested positive who reported that in general he had been treated well, although there had been some issues in contacting his family early in his isolation. He confirmed that he had not received a shower or fresh air during his isolation in line with rule 41 guidelines but he understood the concerns of the possible spread of the virus. However unlike the majority of other prisons, HMP Kilmarnock were able to offer him a phone call to his family on a daily basis by placing an extension phone into his cell.

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

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

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

COVID-19 commentary

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

Visit findings

As with all other LV's, the Inspectors visited the Separation and Reintegration Unit (SRU) to look at conditions and rule 95 paperwork. The unit was at full capacity with 14 prisoners in situ. Six prisoners were on Rule 95 (11), three prisoners were on rule 95(12), one prisoners was on a rule 41 for mental health issues and four had refused to return to their residential area. A sample of Rule 95 paperwork was undertaken and found to be lawful. The SRU was clean and offered prisoners the opportunity to undertake daily access to fresh air, a shower and the use of the phone.

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

Physical visits had been stopped in line with COVID-19 restrictions. The prison was working to get in-cell telephony in place in C wing, housing long term prisoners (LTP) by 1 July, with D wing to follow next and then the other wings for short term prisoners (STP) thereafter. Virtual visits were scheduled to go live from 25 June and the prison was facilitating 38 video link visits in the initial tranche, with an expectation that everyone could get one visit per month. As part of improving family access £5 is now added to a prisoner's wage on a Wednesday.

Although some complaints were received from prisoners on the lack of opportunities to contact their families in the evening, inspectors were informed by staff that if there was time or a family crisis they would allow them further opportunities to use the phone. On June 09 prisoners were informed through the kiosk system that they

could apply for the use of a telephone in order to contact their family between 6 pm and 8 pm. This would be permitted where in exceptional circumstances, prisoners had not been able to make a call during the core day. As mentioned earlier, the introduction of in cell telephone will greatly increase family contact.

Recreation as part of the regime on offer was allocated on a rolling programme to offer equal time in the day to allow for phone calls etc. During the LV inspectors witnessed sections being open as per regime programme. When not out of cell, prisoners have been given the opportunity through the kiosk to order numerous distraction/activity packs to be used in cell. These range from artwork, puzzles, crosswords, Sudoku, mindfulness & relaxation techniques and easy to hard physical workouts.

No complaints were raised with inspectors about access to legal representation. Inspectors were informed that there is access to legal representation face to face or through video link. Reports from HMP Kilmarnock indicated that virtual courts are working well but this will be examined more fully on a future visit.

Access to most information was found in the kiosk system that can be accessed by prisoners using their own personal login details. Prisoners showed inspectors examples of hard copies on information regarding COVID-19 that had been given to each prisoner including information on the early release scheme and virtual visits. Notices were in abundance, highlighting the need to wash their hands and socially distance. It was disappointing however to note that generally information on COVID-19 was not available in other languages. Prisoners felt that the loss of induction due to lockdown was a barrier to new arrivals gaining important information and although there was some information given to prisoners the full induction pack was integral to the understanding of how the prisons system worked. A number of prisoners stated that they were happy to help others to work the Kiosk and give them information. This was witnessed by the inspection team.

The prison library had been closed due to the provider no longer being on site. It was encouraging to see that a mobile library service had recently started up. We would welcome confirmation, however, that any prisoner who wishes to access the prison rules and inspection reports is still able to do so as this is a legal requirement. The prison had also increased its supply of DVDs, which were played through the TV loop to each cell in the evenings. The prison appeared to be responding as flexibly as it could in the current circumstances.

Action Point 4: Access to HMIPS reports and legal reference documents is a requirement and confirmation should be provided that this is still available through the mobile library service

Action Point 5: if prisoners cannot read English then HMP Kilmarnock should ensure that information about COVID-19 should be translated into the appropriate language.

HMIPS Standard 6 - Purposeful Activity

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

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

COVID-19 commentary

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

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

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

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

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

Visit findings

All prisoners had access to fresh air twice per day, once in the morning for 30 minutes and further time in the afternoon for one hour and 15 minutes. HMIPS were pleased to note recent changes to managing those on COVID-19 rule 41 where they will get access to fresh air. As there was no-one on rule 41 during the LV, this was not verified.

There was some mixed views from prisoners on the communications strategy used by the prison including the level and regularity of message surrounding recent changes in regime. However the inspectors were given a number of examples of communications sent out to prisoners that would suggest that the prison had made efforts to inform prisoners of the current situation.

The prison had provided self-learning packs, including some support with literacy and numeracy, and some prisoners were able to continue progress towards Highers in Maths and English and an Open University qualification. Education providers were due back on site shortly after our visit and work had already been carried out to provide signs on the number of people that the different rooms in the Links Centre could accommodate, while respecting the current two metre social distancing rules.

Prisoners were informed in late March of the changes to pastoral care, following Scottish government guidelines in reducing social gatherings. Practicing one's faith is important and the Chaplaincy team have made great efforts to mitigate the loss of church services. Prisoners are directed to religious programmes on TV, given access to DVD's, faith packs and books on religious matters. The team have suggested that an unintended consequence of the lockdown is having time freed up for more pastoral work, engaging in a more personal level with prisoners rather than in groups. The Imam has ensured that he speaks to each of the nine Muslim prisoners on a weekly basis and also three prisoners who wish to attend Muslim prayers but are unable to at this time. These one to one meetings have identified individual needs and the Imam is able to tailor each meeting to the requirements of that prisoner. The Imam also reported that the Ramadan had been well catered for by the prison.

Access to the main gym was prohibited in line with Health Protection Scotland COVID guidelines, but it was good to see that PTIs were providing opportunities for prisoners to take part in supervised circuit training outside in the sports field in a way that complied with rules on social distancing. Workouts have also been given to prisoners to encourage fitness when in cell.

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

Pre-release planning usually started 6-8 weeks prior to expected liberation date which included liaison with local authority housing teams about options and potential homelessness applications, with prisoners informed of appointments via the Kiosk. Unfortunately due to COVID-19 the housing team and the Department of Work and Pensions (DWP) representatives were not on site at the time of our visit, but contactable through email and zoom meetings.

At the time of our visit prisoners seeking help with accommodation were only informed of where to go on the day of liberation, and the inability to speak in person with housing officers also created additional anxiety. Some prisoners were only able to access temporary hostel provision, which was perceived as a further barrier to successful reintegration into society. DWP work coaches were no longer available on-site to meet individuals before their release date to talk them through the claims process and make them an appointment at the Job Centre. Instead, an information leaflet has been prepared and is included in all liberation packs. It remains the case that the earliest an individual can make their benefit claim is on the day of liberation. We hope these on-site support services can resume at the earliest opportunity or consideration is given to an alternative digital option.

The prison provided all liberations with a helpful liberation pack, which provided a wide range of helpful information and contact details for services in the area to which they were going, but some of the information in the pack may not be easy to absorb for those with literacy and numeracy difficulties. The pre-release planning team came across as motivated and enthusiastic to provide a good service. A nice additional touch was the provision of Google Map type directions and timetable information for those needing to travel by public transport.

Where relevant NHS prison health care team colleagues would liaise with the prisoner around support for GP and other health services, addictions and mental health services in the community, but availability of such services was restricted at present. If a prisoner was on TTM or had a history of mental health issues then the mental health team in the community were always informed.

Longer-term support for progression was adversely affected by COVID-19 related restrictions as no offender management programmes were currently running. However the prison was continuing with integrated case management discussions and assessment work to minimise any delays once programmes started running again.

Action Point 6: HMP Kilmarnock to work with local authority housing partners and DWP to reinstate on-site support as quickly as possible or develop an alternative digital option.

Action Point 7: SPS to consider alternative approaches to providing support for progression while COVID-19 related restrictions continue.

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 interacted with a broad range of staff during the visit, who came across as confident in their role and knowledgeable of what was required of them.

Most staff with whom inspectors spoke thought that management had kept them informed of developments and appreciated the face to face briefings at the start of the pandemic, acknowledging that management had not always been in a position to answer all their questions.

The senior management team perceived relationships with external agencies to be very positive; we will assess that more thoroughly on our next visit.

HMIPS were pleased to see that HMP Kilmarnock had introduced body worn cameras for staff. We welcome HMP Kilmarnock agreeing to share data with us in due course on the impact the body worn cameras made in supporting violence reduction etc.

Action Point 8: The SPS should review the impact of the introduction of body worn cameras in HMP Kilmarnock (and Addiewell) and consider the case for roll out across all prisons in Scotland.

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) liaison visit to HMP Kilmarnock on 24 June 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 liaison visit

HIS asked NHS Ayrshire and Arran staff at HMP Kilmarnock to complete a proforma in advance of the liaison visit 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 liaison visit on 24 June 2020, 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.

Access to care

Primary Care

Good systems and process are in place when prisoners arrive at HMP Kilmarnock. Staff are alerted of any patients who are symptomatic of COVID-19 and these patients are taken directly to cells where they are screened by nursing staff as per existing reception protocol. All other patients being admitted are screened at reception.

There is no change to the process for self-referral. Forms are available within the halls and are collected and triaged by nursing staff each day. Requests for GP appointments are screened by the GP for urgency. Patients attend the health centre where necessary to be seen by the GP or by nurses for treatments such as for dressings or bloods. Referrals to secondary care continue to be made and there is access to telephone consultations with secondary care if required. Urgent transfers to hospital take place as per existing protocols. The 'near me' system is available within the health centre and work is being undertaken to provide this within the residential halls. Any patients who are symptomatic of COVID-19 are reviewed in their cells to minimise risk. Access to other services, such as podiatry and dentistry, are equitable to that provided in the community. Near me consultations have taken place for podiatry and patients would be seen within the prison in an emergency. The prison benefits greatly from an on-site Occupational Therapist and a Clinical Psychologist who are also available for staff appointments as part of the wellbeing strategy.

Long-term health clinics within HMP Kilmarnock have been paused. However, primary care staff have undertaken a review of all patients by reviewing drug kardexes, referrals to healthcare and Vision records to assess care needs and support oversight of all patients. Although HMP Kilmarnock had Anticipatory Care Plans (ACPs) in place prior to COVID-19, nursing staff undertook a review of the most vulnerable patients to determine the potential impact of coronavirus on their care plans. Healthcare staff provided a guidance letter to these patients outlining support available to them during the pandemic and involved them in a review to discuss their needs including 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR). These records are logged in an electronic system and patients have copies of their ACP and DNACPR paperwork. Further planning is ongoing to establish a system to support staff to review care plans going forward. We will review this work at future inspections.

Staff continue to have oversight of patients' health and wellbeing at medicines administration times which takes place in halls, and if necessary directly to patients in their cell. Staff described an excellent relationship with SERCO custodial staff who alert them to any changes in a patient's condition, whether mentally or physically. Social care continues for patients as required, and this is provided by SERCO. Palliative care services are not required at present, but can be utilised if necessary through primary care links with Ayrshire hospice.

Mental Health

Psychological therapy services and mental health assessments and support have been suspended apart from urgent cases. The process for triaging mental health patients has changed and a new referral package has been developed. Referral forms and associated past medical notes are now screened by a mental health nurse who undertakes a triage assessment if any concerns are identified from the initial screening process. Multi-disciplinary team triage meetings are held three times a week to plan interventions. Similar to community services, the waiting time for mental health assessments has increased since COVID-19. 119 patients are currently waiting for an assessment. This is a concern. However, we were told that the healthcare team were meeting to review each referral and that they would then start

offering assessment, support and interventions to reduce the waiting times for an appointment with the mental health team. At the time of the visit we were unable to say what impact the review would have on waiting times, however, we recognise this as a positive development.

Patients do not have access to private telephones at present. Work is ongoing to facilitate this and telephone interventions will be offered as soon as this is possible. There has been a slight increase in the number of prisoners being managed under the prison's suicide prevention strategy (Talk to Me). The Mental Health Team is supporting these patients through case conferences with Serco, welfare checks and regular review of care plans.

Substance Misuse

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 Scottish Prison Service 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 Substance Misuse Team are working to implement this within HMP Kilmarnock. All new admissions to HMP Kilmarnock who test positive for opiates are clinically assessed by the GP the following day. These patients are offered treatment if clinically indicated, such as a detox, Methadone or Buvidal. The waiting time for new referrals to addiction services in HMP Kilmarnock is currently 21 days. These referrals are reviewed and screened regularly and contact is offered based on patient need. All prisoners continue to be offered a pre-liberation appointment. The team has successfully introduced and offered all prisoners nasal naloxone (known as the new drug 'Nyxiod') on liberation. Nyxoid is a single-dose nasal spray which contains naloxone and is used to temporarily reverse the effects of an overdose to opioid drugs, such as heroin, methadone, fentanyl, oxycodone, buprenorphine or morphine.

Infection Control/Health centre environment

When HMP Kilmarnock had an outbreak of COVID-19 at the end of March 2020, daily meetings were held with the Public Health Protection Team who provided support and guidance to help reduce the risk to prisoners and staff. The outbreak led to rapid changes being introduced such as changes to the prison regime and reduction in healthcare services equitable with that of the community. The healthcare team responded positively and robust procedures were put in place through liaison with the Health Protection Team and Serco.

We observed staff using correct PPE when they were not able to socially distance. Staff dispensing OST provided a clinical waste bag for patients to dispose of their plastics cups after use. This is good practice to reduce the risk of any potential cross contamination. Alcohol-based hand rub was available in multiple points within the establishment. Extra hand hygiene points with running water activated by a foot pump have been provided by SERCO. This was good practice. Sign-posting was

available throughout the residential areas as well as the health centre, outlining the correct use of PPE.

Staff have been mask fit tested and we saw the training records for this. We saw good supplies of PPE in a centralised area within the health centre with a sign-out process for stock control. Stocked bags are available for staff responding to code red or code blue emergencies. Staff would also take an oxygen bag which contains all equipment required for maintaining airway management, and FFP3S masks are included in this.

All areas of health centre were clean and fresh and all equipment 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. Environmental cleaning of the hallways and corridors is carried out by trained pass men and this is carried out to a good standard. Clinical rooms are cleaned by an independent contractor supplied by SERCO. We were informed that all cleaning staff have been trained in the correct products to use in line with national guidance. Domestic services staff from NHS Ayrshire and Arran had previously worked with SERCO to ensure a consistent approach to cleaning the environment.

The fabric of the building within the health centre is aged. Although some improvements have been made, the space is small and staff reported challenges in manoeuvring in this area, particularly with a requirement to socially distance. Serco is responsible for the upkeep of the fabric of the building, while NHS Ayrshire and Arran estates department is responsible for fixtures and fittings, such as sinks. Senior management within the health centre explained the challenges regarding this two-tiered structure. A recent request was made to reconfigure a clinical room to enable staff to have better access to hand hygiene sinks to safeguard patient and staff safety during treatments. However, this request was rejected. This is a concern. The partnership and SERCO must reach agreement and clarity around who is responsible for the required changes to the fabric of the building. **(See Action Point 9).**

We reviewed the storage areas within the health centre and observed that space was an issue. The storeroom was cluttered and the floor area was dusty with some debris. The storeroom must be emptied regularly to allow for effective cleaning and safe storage of sterile equipment. The shelving storage was not fixed to the wall and was stacked high. This is a concern as staff cannot easily reach items on the top shelf and there is a risk that the unit could fall over. **(See Action Point 9).**

HMP Kilmarnock has successfully implemented that more prisoners have in-possession medication where appropriate. However, there are currently no secure lock boxes within cells to store patient medication. For prisoners who are not in single occupancy cells, there is a potential risk of medication being misused by other prisoners who could gain access to it. **(See Action Point 10)**

Governance, leadership and staffing

The prison healthcare team is part of East Ayrshire Health and Social Care Partnership (EAHSCP) which falls within the remit of the Joint Integration board. An

EAHSCP COVID-19 planning group meets weekly. The Prison Governance Group considers risks and required changes to processes, while a Health Care and Governance group provides oversight of governance arrangements. There is a clear reporting and governance structure with NHS Ayrshire and Arran with effective accountability. Resilience and contingency plans have been completed in partnership with Serco. The healthcare team is developing a remobilisation plan, linking in with the NHS board. This is something we will follow up at a future inspection as our visit on 24 June was a focused visit looking at how HMP Kilmarnock was functioning with key health aspects during the COVID-19 pandemic.

Staff described good communication with SERCO colleagues and regular meetings are held with them. Staff reported that staffing levels have improved recently. Recruitment is still ongoing with new posts being secured. There is currently a senior management vacancy, however an interim manager is in place to support staff, and the post has been advertised. EAHSCP has advocated that staff can advertise vacancies immediately to reduce the recruitment time. During our inspection we witnessed a cohesive healthcare team. Clinical supervision is ongoing and access to training opportunities is still available supported by a training calendar.

Action Point 9: The health centre and storage area within HMP Kilmarnock must be reviewed as soon as COVID-19 restrictions allow to:

- reconfigure the clinical room to enable staff to have better access to hand hygiene sinks to safeguard patient and staff safety during treatments
- provide storage where sterile stock can be stored safely within an area that can be regularly cleaned, and
- provide safe access to storage for staff, considering all potential hazards.

Action Point 10: HMP Kilmarnock must provide secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

Good Practice: Staff dispensing OST provided a clinical waste bag for patients to dispose of their plastics cups after use.

Good Practice: Extra hand hygiene points with running water activated by a foot pump have been provided by SERCO.

Conclusion

The prison appeared calm and orderly during our liaison visit, and staff at all levels of the organisation are to be congratulated.

The prison is also to be congratulated on its response to the COVID-19 challenge, and the contingency planning in advance of the arrival of the pandemic. We nevertheless urge continued vigilance around maintaining SD, and that staff should continue to be encouraged to always wear PPE when necessary.

We welcome the fact that PIACs continued to operate and relationships between staff and prisoners appeared positive and respectful.

We also welcome introduction of body worn cameras and encourage the SPS to review the impact of its introduction and consider the case for roll out across the whole estate.

It was clear that perceptions of the prison were considerably more positive among short term prisoners than long term prisoners. There were few complaints among short term prisoners, who generally regarded the prison favourably, while long term prisoners expressed more concerns. The current restrictions on opportunities for progression within the prison estate will have impacted more on long term prisoners and HMIPS hopes that the SPS recovery planning will begin to address that.

Nevertheless we welcome the efforts by the management team at HMP Kilmarnock to increase time out of cell, and the steps being taken to reintroduce education and work parties.

We also applaud the ambition demonstrated by the Director to make best use of new technology and modernise the prison's approach to the provision of purposeful activity and qualifications, so that those leaving the prison are better equipped to secure employment and reintegrate into their communities. We look forward to exploring this further when we return to HMP Kilmarnock for a full inspection visit.

List of Action Points and Good Practice

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

Action Point 2: A consistent approach to the delivery of meals would reduce the frustrations of prisoners not knowing which process would be used.

Action Point 3: The prison should take action to improve the cleanliness of the food barrows.

Action Point 4: Access to HMIPS reports, legal reference documents is a requirement and confirmation should be provided through the mobile library service

Action Point 5: if prisoners cannot read English then HMP Kilmarnock should ensure that COVID-19 information should be translated into the appropriate language.

Action Point 6: HMP Kilmarnock to work with local authority housing partners and DWP to reinstate on-site support as quickly as possible or seek alternative digital arrangements

Action Point 7: SPS to consider alternative approaches to providing support for progression while COVID-19 related restrictions continue.

Action Point 8: The SPS should review the impact of the introduction of body worn cameras in HMP Kilmarnock (and Addiewell) and consider the case for roll out across all prisons in Scotland

Action Point 9: The health centre and storage area within HMP Kilmarnock must be reviewed as soon as COVID-19 restrictions allow to:

- reconfigure the clinical room to enable staff to have better access to hand hygiene sinks to safeguard patient and staff safety during treatments
- provide storage where sterile stock can be stored safely within an area that can be regularly cleaned, and
- provide safe access to storage for staff, considering all potential hazards.

Action Point 10: HMP Kilmarnock must provide secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

Good practice: Access to a phone after lock up was available on request for those unable to contact their family during the core day.

Good Practice: Staff dispensing OST provided a clinical waste bag for patients to dispose of their plastics cups after use.

Good Practice: Extra hand hygiene points with running water activated by a foot pump have been provided by SERCO.



Acronyms used in this Report

ACP	Anticipatory care Plan
BBV	Blood-borne virus
COVID-19	Coronavirus Disease
DNACPR	'Do Not Attempt Cardiopulmonary Resuscitation' decision-making and communication
DWP	Department of Work and Pensions
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
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
PPE	Personal Protective Equipment
PIAC	Prisoner Information Action Committee
PTI	Physical Training Instructor
SD	Social distancing
SRU	Separation and Reintegration Unit
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
TTM	Talk to Me



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