

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP SHOTTS

WEDNESDAY 3 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 SHOTTS UNDERTAKEN ON WEDNESDAY 3 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 Shotts was selected on the HMIPS prison risk algorithm results over the past few weeks, which indicated raised levels from a serious incident of prisoner indiscipline, complaints received by HMIPS and a death in custody.

On entering HMP Shotts, HMIPS met with the GIC and Deputy Governor. The inspectors were given a self-assessment document laying out statistics and evidence in line with our reporting standards which was informative and an excellent format with which to navigate through each Standard. This represents an example of good practice in preparation for liaison visits. The GIC complemented this document with an informative briefing, highlighting the challenges and successes since the COVID-19 lockdown. The discussion was both detailed and thorough. Inspectors also welcomed the transparent and honest approach to the issues, so that nothing discovered during the visit was contrary to the briefing provided to inspectors.

The prison came across as calm and orderly, and the concerns raised with inspectors by prisoners were generally of a minor nature, and most often related to restrictions which the prison had been obliged to impose in response to COVID-19 and guidance from Health Protection Scotland (HPS). Given the serious incidents which had occurred recently in HMP Shotts, management and staff are to be congratulated on the way they have responded to those incidents and the additional challenges posed by COVID-19.

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 appeared to be longer than we have seen in recent liaison visits to other prisons and, although purposeful activity had been reduced dramatically, there were still opportunities to complete distance learning courses and some in-cell learning activity provided by the establishment and Fife College. The arrival of in-cell telephony and video visit technology, which was being tested on the day of our visit, 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. The Governor was keen to maximise out of cell activity and had plans in place for when restrictions are eased.

Non-discrimination and equality. We did not have time to assess this thoroughly, and the full inspection will cover this in depth. However, from our

visit, the prison appeared to be giving due consideration to equality and diversity issues. The inspectors also did not receive any complaints during the visit, from those with protected characteristics. Prisoners with protected characteristics have equal access to opportunities, religious services and activities. No evidence was supplied of information being translated into languages other than English and we would urge HMP Shotts to look at addressing this issue in the future.

Empowerment. It is extremely difficult to empower prisoners when having to impose such a restricted regime. There were reports that more face-to-face communication between specialists, for example psychology and psychiatry, were taking place and prisoners were still able to attend Integrated Case Management. Risk Management Team meetings for those returned to closed conditions are being held. Prisoners are not in attendance but can provide self-representations and are informed of the outcome.

Legality. As with other prisons, 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 when following HPS guidelines. There was nothing to suggest that the prison was acting in anything other than a responsible manner, always aiming to provide the maximum opportunities for access to phones, showers and fresh air, etc. within the HPS guidelines. Although there were no prisoners being isolated on Rule 41 during the visit, there was still a concern from HMIPS that not offering full access to a phone to contact their family sits uncomfortably with human rights legislation

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 prisoners were symptomatic for COVID-19 and since the start of the pandemic only 21 prisoners had been required to self-isolate under Rule 41, of whom only five had been tested but the results were negative.

The number of cases had never been high enough to require a separate isolation wing to be established, so prisoners had been able to self-isolate in their own cell.

The local COVID-19 response group was meeting three times each week.

Prisoners were currently getting a restricted core regime in line with HPS guidance, but were able to get out for exercise and recreation in groups of 15-18 (one side of the hall at each level). This allowed a reasonable level of meaningful interaction with other prisoners.

The number of staff in each residential flat had been boosted from four to five staff to help staff cope with the additional transactions and this appeared to be working well.

HMP Shotts are to be congratulated for managing to restrict the spread of the virus so well.

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 time of our visit 44 staff were absent, a number of whom were on sick leave, and the remainder were fit but isolating due to underlying health conditions or having to shield others. The trend had come down significantly since the start of the lockdown.

However the impact of running a reduced core day meant that even with allocating additional staff to each flat HMP Shotts still had 20 staff free to be deployed where necessary across the jail. Accordingly there were no current staffing challenges, but the Governor was acutely aware that there would be serious challenges if the prison was asked to return to a more normal regime and associated shift pattern.

Relationships between management and the local Branch of the Prison Officers Association Scotland were now working well after a slightly more strained period at the start of the lockdown.

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 Shotts it was clear that the prison was taking SD seriously. Information was on display instructing those entering the prison on how to adhere to SD. The vestibule is a reasonable size to allow for SD with markings in place indicating SD guidelines. There were markings in the main corridors indicating two metre distances and signs on doors reminding staff to keep apart. A pinch point for staff was in the key vending area although there were markings on the floor for separation. Notices were in place to instruct staff to clean their equipment after use with wipes made available.

The Governor informed the inspectors that although he has seen an improvement in staff and prisoners behaviour with regards to SD there are still times when he and his management team have to challenge those not adhering to the guidelines.

Similar to recent liaison visits to other prisons, lack of SD was witnessed by the inspectors. Most examples were in the smaller teams. It has been found by inspectors that in the smaller teams, where staff were rostered to work in the same area with the same colleagues, they regarded themselves as safe and less likely to SD. Inspectors also witnessed inconsistencies with prisoners SD, particularly during meal times in Allanton Hall.

HMP Shotts have introduced staff management processes such as a staggered finish to shifts so that the amount of staff using the key vend area at the same time is reduced.

It was acknowledged by management and staff that when taking fresh air, or during recreation, prisoners tended to walk or sit close to one another. Although not witnessed by inspectors, we welcome this acknowledgement of the continuing challenges in maintaining SD.

As a long-term prison with minimal, if any, movements on a daily basis, the reception area was not visited but will be on a future visit.

Action Point 1: All efforts should continue to be made to adhere to SD or mask be worn if this is not possible.

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

Meals were observed in both Allanton and Lamont during the inspection and found to be of acceptable quality. The menu appeared to be balanced with a meat, vegetarian, and salad choice. Prisoners confirmed that they had not seen a decrease in the quality of the food since lockdown had begun, but there was a mixed view of the quality of the meals produced. The menu had not been changed, despite a reduction in those operatives working within the kitchen, and service had carried on as normal. The inspectors did not visit the kitchen during this visit.

Prisoners confirmed that a number of theme nights such as an American night had taken place as well as the celebration Eid al-fitr, the breaking of fasting at the end of Ramadan, where all prisoners regardless of faith were invited to take part.

Due to COVID-19, the regime had changed to a shorter 'core day' and as a consequence the regime was greatly restricted. Apart from essential workers attending their work parties, the prison regime only offered time out of cell for fresh air, meal times and recreation. These new times were displayed on notice boards and available at the staff desks.

Each section on each level was split in half so that only those prisoners on that side took fresh air and recreation together, this accounted for between 15 and 19 prisoners. The time in fresh air consisted of 30 minutes which was offered at different times of the day throughout the week to allow fair access to both the two morning and two afternoon slots. Uptake was varied across the different areas.

HMP Shotts have showers, sinks and toilets within the cells including the SRU, allowing prisoners to spend their 90 minutes on recreation to access the phone, clean their cell, and associate with others that were out taking into account SD guidelines. This was confirmed by all prisoners the inspectors spoke to.

Although there were some complaints received from prisoners on the lack of opportunities to contact their families in the evening, prisoners understood the reasons for this and welcomed the arrival of in-cell telephony so they can contact their families out with the core day. Similarly to other visits, prisoners informed the inspectors that when there was time or a family crisis staff would allow them further opportunities to use the phone.

Action Point 2: the roll-out of mobile phones and virtual visit technology should continue without delay across all SPS prisons

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

TTM cases appeared to have risen recently during the COVID-19 lockdown. The rise in TTM cases were attributed to a recent increase in incidents of illegal drug taking, rather than mental health issues. Two nurses generally look after those on TTM. The inspectors had an informative chat with one of those on duty, who was very knowledgeable of each of the three prisoners currently on TTM. The inspectors then reviewed the TTM paperwork, which was of a good standard, and interviewed one prisoner who was currently being supported under the TTM policy. The prisoner reported that he had been fully supported by both NHS and the staff, and he appreciated the care he had received. He was also seeing a psychiatrist as part of his ongoing issues.

Since the COVID-19 lockdown there had been 21 prisoners on Rule 41. Out of those that had shown symptoms, five prisoners were tested, resulting in negative results. At the time of the visit there were no prisoners on Rule 41 due to COVID-19. Inspectors therefore did not review any paperwork but did take the opportunity to speak to a prisoner who had previously been managed under Rule 41. He understood the process, accepted why he could not get out of his cell to the phone or fresh air during that time, and stated that he had been well cared for. A member of staff had contacted his daughter, at his request, to inform her that he would not be able to contact her during his isolation. He was tested after seven days because he was on a rule 41 as he continued to display symptoms of COVID-19. The result again was negative.

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 liaison visits, the inspectors visited the SRU and found it to be clean, orderly and well run. At the time of the visit the SRU was full to capacity with 14 prisoners residing. Two prisoners were on Rule 95(11), 11 were on Rule 95(12), and one prisoner was refusing to return to circulation. The inspector was informed that since the lockdown there has been very little change within the SRU. Where under normal circumstances the SRU dealt with all prison adjudications, other than their own adjudications, all other adjudications were now taking place in the respective areas where the charge were made and this had reduced their workload. However, the SRU was still a busy place, and during the visit two prisoners were being dealt with by staff in full personal protective equipment (PPE) due to the risk of violence against staff. The inspectors reviewed the daily routine and found that those prisoners within the SRU were given appropriate access to the phone, meals, and fresh air. As mentioned earlier in the report, all cells in the SRU have in-cell showers as well as sinks and toilets.

PPE was available to staff. It was observed that staff were not always adhering to SD within the team at all times. HMIPS would encourage staff who, by carrying out their duties, cannot SD, should wear the appropriate PPE.

Action Point 3: where staff cannot social distance due to their work they should wear appropriate PPE.

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

The prison was working hard to support access to family contact. There had been a surge in use of the email a prisoner scheme at the start of the lockdown, and prisoners had access to phones in the flats for 90 minutes during the day. However some prisoners, particularly those whose partners were working during the day, expressed frustration at not being able to phone during the evening with the current COVID-19 related restrictions. The delay in bringing in mobile phones was also a frustration for prisoners and staff, who had to deal with the consequences of prisoner frustration. It was clear that HMP Shotts was doing everything it could to facilitate the introduction of in cell (mobile phone) technology, with new aerials and signal booster kits about to be installed.

The new virtual video technology was being tested on the day of our visit and the prison had good plans in place to manage the logistics around the virtual visits to ensure the maximum number could be accommodated each day. Every prisoner will get access to a virtual visit twice per month and prison management anticipated this making a major difference, particularly for prisoners with family living far away or having to rely on public transport to visit in person.

Recreation was available for 90 minutes per day in groups of up to 15-18 prisoners, with half a flat opened up at a time. This seemed to provide a good balance between COVID-19 protection requirements and efforts to allow reasonable interaction with other prisoners and reduce the risks to mental health.

Access to legal representation appeared good, although this will be triangulated more fully on a future visit.

The prison library had been closed due to the provider no longer being on site. The prison had considered the idea of trying to run a mobile library service round the flats but considered the virus transmission risks too high. However, the prison had doubled the number of DVDs that a prisoner was allowed to retain and a DVD channel had been made available which meant that two DVDs could be played each night with requests made by prisoners. Again, it was clear that the prison was responding as flexibly as it could in the current circumstances.

Action Point 4: Access to HMIPS reports , legal reference documents is a requirement and the SPS should look at alternative provisions being made to facilitate this requirement.

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

Fresh air is offered on a daily basis for a period of 30 minutes at different times of the week. This was confirmed by all prisoners the inspectors spoke to. In some areas the uptake was better than in other areas, but this was no different to the position before COVID-19.

Prisoners confirmed that they had received good communications and, although there had been a lot of information to deal with at the start of the lockdown, it had calmed down. The GIC had changed tack and was now preferring to pass on more information face-to-face rather than via email when he and the Deputy Governor made their daily rounds.... Although at the start of the lockdown there was some concerted indiscipline due to a lack of understanding of the situation, the GIC felt that

this was no longer a problem and cited communications between the prisoners and management being very productive and mature.

Inspectors welcomed the fact that regular PIACs were still being held by a Unit Manager and this has involved representatives from all areas.

It is important that all prisoners understand any information that affects them and therefore inspectors would urge HMP Shotts to address this in the future.

Although Fife College were not in attendance due to COVID-19 they had created educational and health and wellbeing packs alongside the SPS for those that wish this. Information regarding access to and the completion of Open University courses was also available.

There are a number of clergy on site during the week offering support to both prisoners and staff, with religious services being part of the prisoner information channel (PIC). Although there is no access to the Imam at the moment, Muslim prayers are also included within the PIC timetable.

Currently, there is no access to either the large prison gymnasium or the satellite gymnasiums, including the SRU. The Physical Training Instructors (PTIs) have set up exercise programmes during the periods of fresh air with SD markings in the exercise yards. There are also fitness programmes distributed to be undertaken within a cell. One PTI spoken to observed that there has been some new faces attending their exercise routines during fresh air time and they hope to keep these prisoners on board after lockdown has been relaxed. The PTIs have plans in place to use the main gymnasium if given permission, taking into account SD guidelines. It would appear possible to maintain social distancing and take other action to manage COVID-19 risks in a large gymnasium area, albeit not necessarily allowing use of equipment. In light of how important for their physical and mental health the gymnasium is to many prisoners, who inevitably endure a more restricted regime than many others, we encourage the SPS and HPS to consider whether any revision to the guidelines around use of the main gymnasium can be allowed.

Action Point 5: if prisoners cannot read English, then HMP Shotts should ensure that information is translated into their appropriate language.

Action Point 6: SPS to liaise with HPS to consider whether any flexibility around use of the main gymnasium can be allowed to recognise the particularly acute restrictions on prisoners and the physical and mental health gains that would arise

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

A new Community Preparation Planning system was now in operation in response to findings from the last full inspection. Pre-release planning usually started three months prior to expected liberation date. Some of the pre-release planning was done by social work through the Integrated Case Management process, which would consider any housing needs the individual may have. The Department of Work and Pensions were not on site at present but contactable by email, and the prison was still assisting prisoners with applications for ID Cards, bank accounts, and bank account cards. NHS prison health care team colleagues would liaise around support for addiction services in the community, but availability of such services appeared to be adversely affected by COVID-19 restrictions.

Longer-term support for progression was negatively impacted by COVID-19 related restrictions as no offender management programmes were currently running. However the prison was continuing with general programmes assessment work, and approval by the Programme Case Management Board, to minimise any delays once programmes started running again. Parole Board tribunals were also continuing to operate effectively via video calls.

COVID-19 restrictions had also forced suspension of the successful Recovery Café and a support group for those suffering anxiety, along with the Listeners support scheme. While recognising there were sound reasons for having to stop these schemes, and the prison had looked at all options for keeping them going, the temporary loss of these services is nevertheless disappointing. We hope these can resume at the earliest available opportunity.

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

Action Point 8: HMP Shotts to reinstate the Recovery Café, support for those with anxiety issues, and the Listeners support scheme when COVID-19 restrictions ease sufficiently.

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 wide range of staff during the visit, who confirmed that they were confident in carrying out their roles and responsibilities.

Most staff that inspectors spoke with, thought that management were keeping them well informed of developments. There was some criticism over timing for information to prisoners; staff felt that it is important to provide early advice to front line staff to allow them to manage the disappointment of prisoners when things like the promised arrival of mobile phones were delayed.

Some staff thought that greater involvement of front line staff in decision-making would lead to better outcomes, more quickly identifying the operational issues that had recently led to some backtracking on proposed regime changes.

HMIPS recognises, that there will be occasions when some changes need to be made quickly and staff shift rotas make it difficult to ensure all staff know about changes at the same time. Daily and weekly briefings were held with managers and staff to share information, and numerous notices explaining changes had been made. In general, most staff recognised that it had been a difficult and fast moving challenge for management in the early phases of lockdown, and felt the benefits of a more stable regime were now beginning to be seen.

Senior management and unit managers were generally perceived to be sufficiently visible round the prison

Action Point 9: further efforts should be made to ensure all staff feel fully informed of developments prior to prisoners and, where practical, involve front line staff in the planning of regime changes

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)'s liaison visit to HMP Shotts undertaken on 10 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'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 Lanarkshire staff at HMP Shotts 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 10 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

The process for self-referral remains the same as before COVID-19. 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 for necessary treatments and for appointments with the GP. Secondary referrals continue to be made and access to 'near me' systems are in place for electronic consultations where necessary. The 'near me' system has also been set up within the local emergency department, however urgent transfers to hospital take place as per existing protocols. Any referring patients who are symptomatic of COVID 19 are reviewed in their cells to minimise risk.

Patients identified as requiring to shield were seen by the GP and nursing staff and advised of the risks to enable them to make an informed decision regarding shielding. Those who chose not to shield were also supported in an attempt to minimise the risk. All patients identified as requiring to shield had Anticipatory Care Plans (ACP) including 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) conversations with the GP and registered nursing staff. DNACPRs were completed by the GP and Registered Nurse with shielding patients.

Psychological therapy services and mental health assessments and support stopped for an initial period during the initial phase of the pandemic. All prisoners were notified by letter, which detailed what they could do if they were struggling with their mental health, with details on how to access the service and receive help. The pause in service has led to an increase in waiting times for people to receive a mental health assessment and for psychological therapy. The waiting time for a routine assessment by a mental health nurse increased from an average 6 weeks to a current longest wait of 14 weeks. The waiting list for access to the psychological therapies service increased from 18 weeks to 23 weeks following the COVID-19 restrictions. However, we were reassured that planning and activity around reducing the waiting times was evident during the visit and we noted that the mental health team was still providing a service to prisoners who require emergency care. Further to this, routine assessments by the mental health nurses had recommenced and the Psychiatrist had resumed clinics.

Long term health clinics within HMP Shotts have been paused. However primary care staff have undertaken an independent review of all patients by reviewing the drug kardex, referrals to health care and the Vison system records, to assess patient care needs with a view to creating care plans for all. We will review this work at future inspections. Social care continues for patients who require this. SPS provide this service. Palliative care services are not required presently but can be utilised if necessary through primary care links with community services.

Staff continue to have oversight of patients at medicines administration times which take place in halls and where necessary direct to patients in their cell. This also provides necessary oversight of any change to the patients' health or wellbeing. Opiate replacement therapy and harm reduction services continue however, routine case management appointments have temporarily ceased due to the pandemic. In addition, blood-borne virus (BBV) testing has temporarily ceased. We were told that a pan-Lanarkshire approach is planned to restart BBV testing, which is reassuring.

National guidance was issued on 1 May 2020 for immediate implementation of a new clinically proven method of Opiate Substitution Treatment (OST) known by the brand name 'Buvidal'¹. 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. A multi-disciplinary short-life working group is currently considering Buvidal for use within HMP Shotts.

¹ <https://www.gov.scot/publications/coronavirus-covid-19-clinical-guidance-on-the-use-of-buvidal-in-prisons/>

The group is developing an implementation plan to ensure safe practice and using improvement methodology to gather data regarding this treatment option. This will ensure that patients are fully supported to make informed choices regarding their treatment. The working group will report through NHS Lanarkshire's governance structures.

Governance, leadership and staffing

There is a clear reporting and governance structure with NHS Lanarkshire with effective accountability. A coronavirus contingency plan is in place for HMP Shotts which is regularly reviewed. We heard examples of contingency planning, such as the ordering of medicine trolleys and staff being familiarised with pharmacy activities, to support normal service delivery in the event of staff absence during the pandemic. During the initial outbreak daily meetings were held between SPS and NHS Lanarkshire. This has now progressed to three meetings each week. Relationships between SPS and the healthcare team are seen as excellent. The healthcare team are now in the process of developing and restarting their recovery plan, linking in with the NHS board.

The Associate Nurse Director, Mental Health and Addictions, chairs the North Lanarkshire hygiene infection and control committee which provides oversight of changes to advice/guidance around COVID-19 for circulating to relevant areas, including the prison estate. A North Lanarkshire partnership risk register is monitored on a monthly basis and reported through the management team with quarterly reporting to the Joint Locality Partnership Forum and Locality Support Care and Clinical Governance Group.

We were informed that staffing within the HMP Shotts healthcare team has remained adequate with no major disruption to healthcare delivery since the COVID-19 outbreak. Recruitment processes have continued during the pandemic and two outstanding band 5 vacancies have been filled. The practice development team delivered training to nursing and pharmacy staff around COVID-19 and support for prisoners with respiratory conditions.

Staff continue to work in the same shift pattern during the pandemic to support service delivery and to ensure patients receive their medications at the prescribed times. Staff told us that they feel supported during this time with one to one meetings continuing as well as access to training opportunities. There are multiple mechanisms provided by NHS Lanarkshire to support staff health and wellbeing. Staff are signposted to these and encouraged to engage. Where required the psychologist can provide one to one staff support and there has been uptake of this service. A video style toolkit has been developed for managers who are supporting staff through COVID-19.

Infection prevention and control

Staff have been provided with and have access to required PPE. There are no reported procurement issues within HMP Shotts. All staff had been face fit tested and supplied with the appropriate mask by NHSL. All staff were in possession of the masks that have been provided, and if required they would be replaced by NHSL on

request. Emergency bags for Code Blue regarding aerosol generating procedures are stocked with the necessary PPE. Senior nurses hold copies of training records for mask fit testing. Staff described the precautions they would take when unable to socially distance and what precautions they would take when having direct contact with patients. Signage was evident within the health centre to sign post staff to the appropriate PPE to use. Alcohol-based hand rub is available at multiple points within the health centre. Regular updates and guidance on PPE are provided by NHS Lanarkshire. Where guidance is changed, staff are supported through their infection prevention and control links within the NHS board. Staff safety briefs are held daily and at shift changes where pertinent information is disseminated.

The general environment of the health centre was clean and well maintained. All equipment was clean and ready for use. Staff used appropriate hard surface wipes to decontaminate equipment in between use and have access to products for blood and body fluid spillage. Cleaning schedules were in place and available to view, and are overseen by the senior charge nurse for compliance. The stock room within the health centre is small and requires some organisation to remove items from the floor to allow for effective cleaning and reduce the risk of infection. Environmental cleaning of the health centre is carried out by a contractor supplied by SPS. This includes floors and sanitary fittings.

We were told that cleaning of the halls is undertaken by trained biohazard pass men, including removal of clinical waste. Training on which products to use has been delivered. All cells are single occupancy with showers, and prisoners are responsible for the cleanliness of their own environment. Staff told us that in the event of an outbreak, they have guidance on the correct protocols, products and PPE to use which are supplied by SPS.

Conclusion

While it was clear that there had been recent serious incidents the prison appeared calm and orderly during our liaison visit, which is a credit to staff at all levels of the organisation.

Communication with prisoners was good, and we welcome the fact that PIACs continue to operate and that relationships between staff and prisoners were clearly positive and respectful.

We urge continued vigilance around maintaining SD, and that staff should continue to be encouraged to always wear PPE when necessary.

We were delighted to see video visit technology being tested at the time of our visit and we hope its introduction goes smoothly, along with the introduction of in-cell mobile phone technology.

We urge further roll-out of these technologies across all prisons at the earliest opportunity.

In light of the current COVID-19 related restrictions on offender management programmes and progression to the Open Estate, the SPS is encouraged to consider what alternative approaches can be put in place to provide some incentives for long-term prisoners.

We encourage SPS to consider with HPS whether any flexibilities around the COVID-19 related guidance could be applied to recognise the particular benefits that controlled use of the main gymnasium would provide in a prison setting.

We acknowledge the challenges in keeping all staff informed of developments, particularly with different shift patterns, but encourage further efforts to ensure all staff feel informed and that, where possible, front line staff are involved in planning for regime changes.

Relationships between SPS and the healthcare team are seen as excellent. HMIPS welcomes the healthcare team recovery plan and the reintroduction of BBV when it occurs.

List of Action Points

Action Point 1: All efforts should be made to adhere to SD or a mask to be worn if this is not possible.

Action Point 2: The roll out of mobile phone and virtual visit technology should continue without delay across all SPS prisons

Action Point 3: Where staff cannot social distance they should wear appropriate PPE.

Action Point 4: Access to HMIPS reports , legal reference documents is a requirement and the SPS should look at alternative provisions being made to facilitate this requirement

Action Point 5: If prisoners cannot read English then HMP Shotts should ensure that information should be translated into the appropriate language.

Action Point 6: SPS to liaise with HPS to consider whether any flexibilities around use of the main gymnasium can be allowed to recognise the particularly acute restrictions on prisoners and the physical and mental health gains that would arise

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

Action Point 8: HMP Shotts to reinstate the Recovery Café, support for those with anxiety issues, and the Listeners support scheme when COVID-19 restrictions ease sufficiently.

Action Point 9: Further efforts should be made to ensure all staff feel fully informed of developments and, where practical, involve front line staff in the planning of regime changes

Good Practice

The self-assessment evidence briefing pack provided to inspectors at the start of the liaison visit was an example of good practice.



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
DVD	Digital Video Disc
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

Annex C

Inspectors

Stephen Sandham, Deputy Chief Inspector of Prisons, HMIPS

Calum McCarthy, Inspector of Prisons, HMIPS

Cath Haley, Lead Inspector, HIS

Lindsey MacPhee. Inspector, HIS

