

HMP KILMARNOCK

FULL INSPECTION

18-29 OCTOBER AND 16-17 NOVEMBER 2021



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The full inspection findings and overall rating for each of the quality indicators

INTRODUCTION AND BACKGROUND

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

Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a predefined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018, which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

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

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

- Obtaining information and documents from the SPS and the prison inspected.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one-to-one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners, such as Case Conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS headquarters specialists.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, the Care Inspectorate, and guest inspectors from the SPS.

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

1. A colour coded assessment marker

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

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

KEY FACTS

Location

HMP Kilmarnock is situated approximately three miles south-east of Kilmarnock Town Centre, near Hurlford, East Ayrshire.

Role

HMP Kilmarnock has 504 cells which allows for single cell occupancy when at the contracted 500 prisoner places, operated by Serco, who have provided services to the SPS under a contract with the Scottish Ministers since 1999. The prison population is made up of male remand, short and long-term adult prisoners. It is the local receiving establishment primarily taking prisoners from the Sheriff Courts of Ayr and Kilmarnock.

Brief History

The land on which the prison is built was used for agricultural purposes prior to construction starting; however, before this it was the location of a munitions factory for the Air Ministry. In 1968 the site was abandoned by the government and its agricultural use commenced.

Accommodation

There were two residential blocks and a Separation and Reintegration Unit within HMP Kilmarnock.

Design Capacity

HMP Kilmarnock prison has a design capacity of 500 places but at the request of the SPS can take more prisoners. However, extension involves the use of small double cells which HMIPS do not consider meet the minimum space standards set out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).

Date of Last Inspection:

7-18 November 2016

Healthcare Provider:

NHS Ayrshire and Arran



OVERVIEW BY DEPUTY CHIEF INSPECTOR OF PRISONS FOR SCOTLAND

Despite a COVID-19 breakout immediately prior to the inspection, the prison was clearly stable and well managed, with most prisoners reporting feeling safe. In total, performance against five standards was assessed as satisfactory, with performance against the other four standards assessed as generally acceptable. There was a clear visible commitment from the Director to develop a culture of continuous improvement within the organisation, with the whole Senior Management Team (SMT) expected to lead the way and model appropriate behaviours through embracing the concept of a Journey to Excellence.

Inspectors noted many positive elements about the running of HMP Kilmarnock. The prison was calm and orderly, with staff who knew their roles and worked to promote constructive relationships with prisoners. Searching and management of the route were methodical and disciplinary hearings were observed to be courteous and well managed. Liberation processes were working well. The use of information technology (IT) had long been a positive feature at HMP Kilmarnock, with Kiosk technology providing important information for prisoners about critical dates such as their earliest release date as well as the ability to order food and make appointments. However, the system should be programmed to give prisoners slightly longer to read core human rights information.

Inspectors welcomed the individualised approach to case management in the Separation and Reintegration Unit (SRU) and noted that the enhanced Integrated Case Management (ICM) process and case conferences were working well, with strong multi-disciplinary relationships between prison-based social work, psychology, ICM and NHS teams. However, the key worker role and input of residential staff into the ICM process was limited and should be developed further.

There was a strong commitment to promote a culture of continuous improvement from the top of the organisation and clear efforts to recognise good performance by individuals and teams. The active support for Prisoner Information Action Committees (PIACs) and consultation with prisoners was also impressive.

The picture on Equality and Diversity (E&D) was more mixed, with caring compassionate support for transgender prisoners fully demonstrated, but stronger efforts needed to support foreign nationals and more robustly embed the E&D agenda through committee meetings and associated action plans.

In terms of protecting core human rights, despite recognising the requirement for HMP Kilmarnock to follow Public Health Scotland's guidance, HMIPS were concerned to note that, in common with other establishments, agreed COVID-19 isolation procedures meant that the commitment to one hour's daily outside exercise was compromised. It is recognised that this is a national issue. HMIPS are clear that while recognising the imperative to protect the health and life of everyone in the prison, the tension between that and the fundamental right to one hour's fresh air every day for all prisoners cannot be overlooked. The size of the very small double cells was also disturbing in a human rights context since they breach the expected size guidelines.

Another issue of significant concern to inspectors was the search area in reception, which was not fit for purpose at the time of our visit, with a body scanner not only being inoperable due to SPS guidance, but blocking areas where full privacy for a full body search might be more securely maintained.

In our last inspection of HMP Kilmarnock, HMIPS raised the lack of support for those with additional learning support needs, which was a significant barrier to engaging some prisoners in learning activities. It was deeply disappointing to see this issue remained unresolved, so we seek renewed commitment to address this issue quickly.

As we have seen in other prisons, the length of time that some prisoners were kept continuously in the SRU was also worrying; it is recognised this is a national issue for the SPS and not for Kilmarnock. HMIPS will be exploring the issue more thoroughly through our own thematic review into SRUs and isolation.

A few items of note that can be easily resolved include Special Security Measures (SSM) not being implemented consistently across the prison. Training for prisoners involved in laundry duties and cleaning the prison should also be tightened. In general visits ran well, with sensitive and considerate oversight of security in the visits hall, but information for families in the visitor centre and visits hall could be improved and the Family Strategy Group should be reenergised.

The requirements for prison healthcare have changed since the prison was built and it was noted that the current infrastructure and fabric of the Health Centre was no longer considered fit for purpose. Urgent effort is required to enable the existing rooms to be used for clinical use and also plan for the future. Concerns were escalated during the inspection to the SPS, NHS Ayrshire and Arran, and Serco with a request for a recovery plan by the close of the financial year.

Prisoners complained to inspectors about a 20-week wait to see mental health services and HIS inspectors identified a need to address that and develop alternative routes of support. Some of the processes underpinning patient confidentiality need tightened and communication between social care providers and healthcare staff could be improved to secure better outcomes for patients. However, it is worthy of note that HIS inspectors identified 15 areas of good practice, and made 10 recommendations.

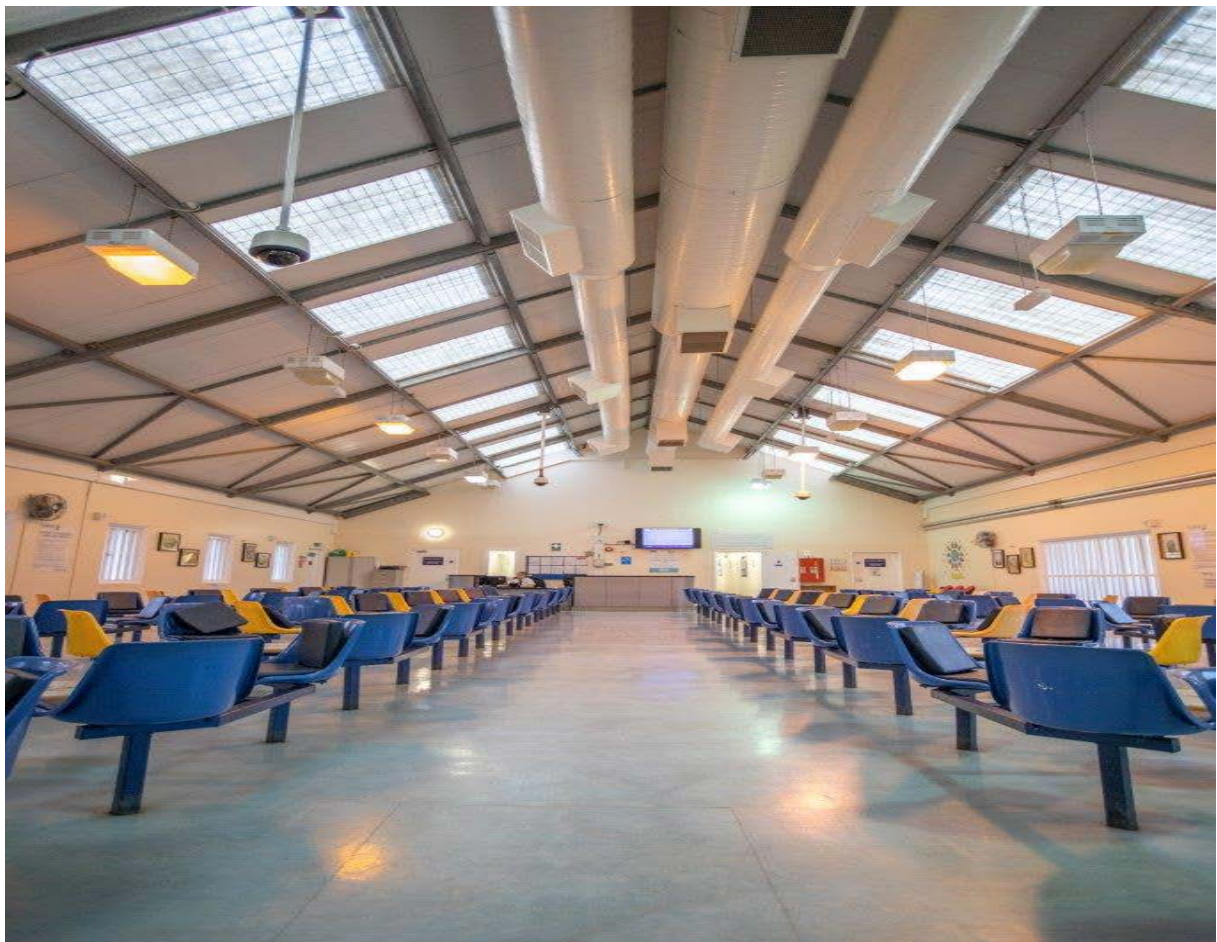
Although we have made 56 recommendations in total, we would encourage HMP Kilmarnock, the SPS and partners to focus particularly on addressing 6 recommendations in relation to:

- The right for every prisoner to have access to fresh air every day.
- Infection control in some of the healthcare settings through development of an action plan agreed with all partners.
- Remodelling the search area in reception.
- Learners with additional support needs – as this remains unresolved from our previous inspection.
- Access to mental health services.
- Full engagement of key workers from residential areas in the ICM process to supplement the excellent work done with partner agencies.

Overall, while recognising the areas where improvements are needed, there is no doubt that HMP Kilmarnock was a well-run establishment which holds its own alongside its SPS public sector counterparts in terms of its care and treatment of prisoners and the sense of order and safety provided.

The approaching end of the SPS/Serco contract for the operation of HMP Kilmarnock could, however, be an unsettling time for staff and prisoners. It could also be a time when a focus on meeting and securing minimum contractual obligations inadvertently inhibits not only creativity and service development, but longer-term refurbishment of the accommodation for prisoners and staff. We encourage the SPS and Serco to work constructively together to ensure that does not happen.

Stephen Sandham
Deputy Chief Inspector of Prisons for Scotland



Visits Hall

PANEL PRINCIPLES OVERVIEW

Participation

It was difficult for prisoners to seek clarification on some important information such as critical dates. PIAC meetings took place regularly during the pandemic with representatives from each residential area. All convicted prisoners were actively encouraged to participate in case management arrangements.

Accountability

There were established processes aimed at reducing violence, which recognised the need for a whole-establishment approach. Appropriate security decisions regarding supervision levels were made on an individualised basis, but the SSM process requires an identified accountable individual to ensure appropriate assurance processes are in place. Whilst there was evidence of meetings held to review all Use of Force (UoF) paperwork and removal video footage, UoF forms were not completed and signed off by the Head of Security.

There was a fundamental disconnect between the role of the key worker (personal officer) and the formal case management procedures in place for short and long-term prisoners.

Non-Discrimination and Equality

There was no evidence to suggest that those with a protected characteristic were marginalised. However, some prisoners were being disadvantaged in terms of access to fresh air. The prison was proactive in ensuring that prisoners who were particularly vulnerable, such as transgender prisoners, were appropriately supported, and delivery of the support was done with considerable care. E&D as a whole, however, could be better embedded through a more robust action planning process.

Empowerment

Notes of PIACs were put on the Kiosk to keep everyone informed. Information on prisoner rights could also be found on the Kiosk, and was translated into several foreign languages, but information on some issues such as the admission process was not always available in foreign languages. A more active approach could be taken to ensuring that prisoners are able to participate in all aspects of prison life and know how to claim their entitlements.

Legality

Inspectors did not find anything during the inspection of this standard that compromised any domestic or international laws. There was a strong focus and drive from senior management on complying with the Prison Rules and meeting contractual obligations.

KEY RECOMMENDATIONS

We have made 56 recommendations in total, but we encourage the prison to focus in particular on the following six recommendations (numbered as they appear in the report):

Recommendation 2: HMP Kilmarnock should find a more suitable and decent area to search prisoners coming in through reception (as the current search area was completely unsuitable).

Recommendation 3: SPS HQ should revisit the design capacity of HMP Kilmarnock as the cells were too small to allow two people a decent and appropriate environment to live in.

Recommendation 16: Action should be taken to reduce the 20 week wait to receive mental health support (see related Recommendations 53 and 54 on considering what other mental health support services can be delivered).

Recommendation 33: HMP Kilmarnock as a matter of urgency, should put in place a robust and systematic process to identify, test and support all prisoners with an additional learning support need (as this remains unresolved from our previous inspection).

Recommendation 34: HMP Kilmarnock should provide a management plan that ensures that prisoners are provided with the opportunity to take daily exercise for one hour per day in the open air. (This is a core human rights issue.)

Recommendation 42: HMP Kilmarnock should ensure that key workers have access to the appropriate information and develop the skills they need to engage and encourage prisoners to take part in making plans to maximise the potential for a successful transition from custody to the community.



Visits Area – Children's Play Area

SUMMARY OF INSPECTION FINDINGS



Standard 1 Lawful and transparent custody

Satisfactory



Standard 2 Decency

Generally acceptable



Standard 3 Personal safety

Satisfactory



Standard 4 Effective, courteous and humane exercise of authority

Generally acceptable



Standard 5 Respect, autonomy and protection against mistreatment

Satisfactory



Standard 6 Purposeful activity

Generally acceptable



Standard 7 Transitions from custody to life in the community

Generally acceptable



Standard 8 Organisational effectiveness

Satisfactory



Standard 9 Health and wellbeing

Generally acceptable

STANDARDS, COMMENTARY AND QUALITY INDICATORS

HMIPS Standard 1

Lawful and Transparent Custody

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

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

Inspection Findings

Overall Rating: Satisfactory

In this standard, one quality indicator was rated as good, six were rated as satisfactory and two were rated as generally acceptable, giving an overall rating of satisfactory. There were no examples of good practice and one recommendation for improvement.

Due to HMP Kilmarnock being on constant divert throughout the inspection, where court admissions were sent to other establishments due to the COVID-19 outbreak, it was not possible to observe a number of key processes linked to this standard. The majority of this Standard therefore is based on the evidence gathered and where appropriate Inspectors 'walked through' the process, interviewing staff and also prisoners who had been recently admitted to the prison from court. In this standard it was difficult to assess the adherence to the Panel principles due to the prison experiencing an outbreak of COVID-19. This made triangulation against some of the Panel principles particularly challenging, but in the most part the information was gathered by reading and speaking to those involved.

Processes looked robust with clear guidelines to follow, and if carried out correctly Inspectors were content that admissions would be treated lawfully and in a professional manner. It was noted this was heavily dependent on the Custody Operational Manager (COM), who confirmed warrants and also completed the initial Cell Sharing Risk Assessment (CSRA). An administrator was also trained on warrants, however at the time of the inspection had been reassigned to assist with the COVID-19 outbreak, but was available if required. Inspectors felt this was a risk and that other staff should be competent in identifying warrants. Although there was some evidence of the admission process being translated into other languages, not all staff in reception were aware it was available. There were information posters in the holding rooms and on a loop on a TV but this was only in English.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Processes looked robust with clear guidelines to follow, and if carried out correctly Inspectors were content that admissions would be treated lawfully and in a professional manner. It was noted that on admission, the lawfully detained and allocation of cells was heavily reliant on the Custody Operational Manager (COM), who confirmed warrants and also completed the initial Cell Sharing Risk Assessment (CSRA). An administrator was also trained on warrants, however at the time of the inspection had been reassigned to assist with the COVID-19 outbreak, but was available if required. Inspectors felt this was a risk and that other staff should be competent in identifying warrants. Although there was some evidence of the admission process being translated into other languages, not all staff in reception were aware it was available. There were information posters in the holding rooms and on a loop on a TV but this was only in English.

Although it was positive that critical dates were available to prisoners when logging onto the Kiosk system, this was the first time prisoners would have their dates clarified. This system was also dependent on prisoners understanding the Kiosk system. Although there was a peer supporter in reception to help explain how the Kiosk worked, he was relatively new and any demonstration to admissions of how the Kiosk worked was not observed. Prisoners reported that they had to rely on their peers to provide support in explaining how the Kiosk worked, with some prisoners reporting that it was over a week before they were able to use the Kiosk.

The induction process appeared to offer good information and took place once per week, but again opportunities to observe this were limited due to a lack of admissions. At the time of the inspection the Induction Team were catching up with those that had been admitted prior to the outbreak, which was over a week from admission. This was due to following the agreed outbreak rules in movement of prisoners.

In terms of the **PANEL** principles for this standard:

Participation: The inspection highlighted that the ability for prisoners to seek clarification on information such as critical dates did not meet requirements and challenging this information was difficult. It appeared that staff treated admissions well and the reception interview rooms were conducive to dealing with people in a confidential manner. Staff were able to articulate the need to support those that entered the prison and the importance of a robust risk and needs process.

Accountability: Although not observed, the admission process appeared to be person-centred, taking into account various pieces of information to allow a robust assessment of risk and needs. Inspectors observed a robust release process that ensured those leaving the prison had a place to stay. If a prisoner was not happy with their treatment a complaints process was in place. There continued to be provision and accessibility challenges in relation to programmes requiring transfer to other establishments. There was clear commitment to a programme and projects focussed on continual improvement. Progress with mandatory staff training was generally satisfactory.

HMIPS Standard 1

Lawful and Transparent Custody – Continued

Non-discrimination and equality: There was no evidence to suggest that those with a protected characteristic were marginalised. Prisoners reported that they felt well treated and given a good level of information.

Empowerment: Information could be found on the Kiosk system in relation to prisoners' rights, but there were examples reported where access to this information was delayed due to not being able to navigate the Kiosk. Although there was information available on the admission process this was not always available in a foreign language, and where it was available staff did not always have knowledge of its existence.

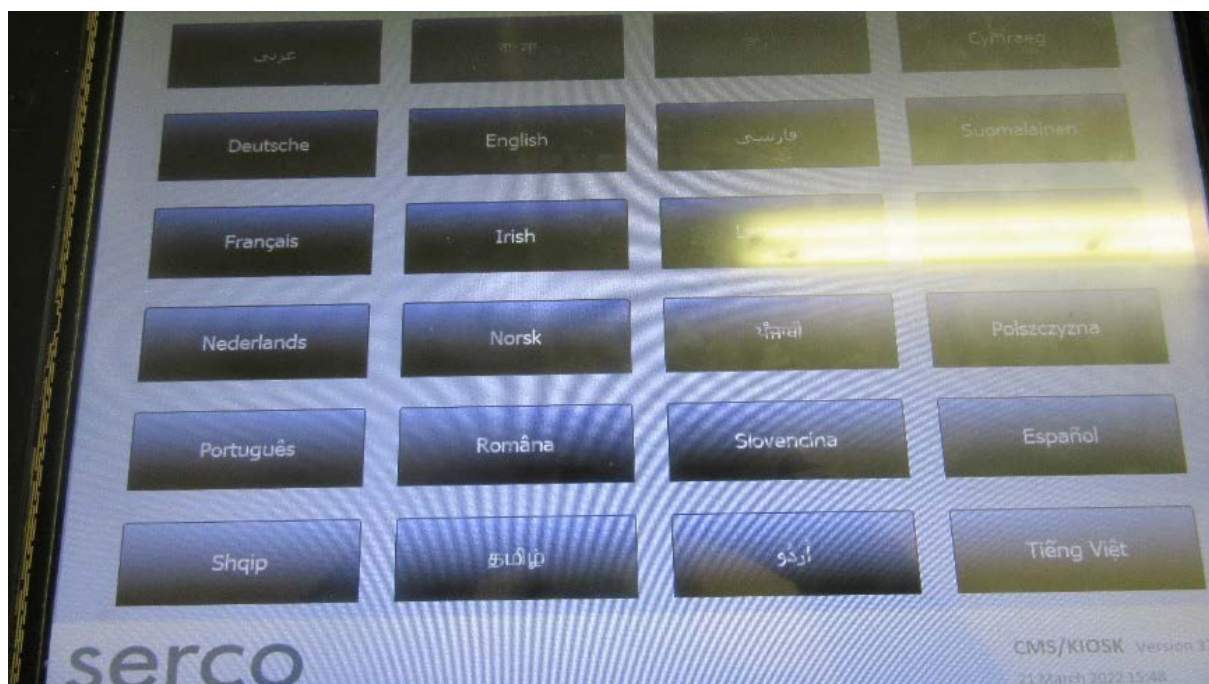
Legality: HMIPS were content that prisoners were not held unlawfully in the prison and that the prison did not breach Article 5 (Right to Liberty and Security) or Article 8 (Rights to Confidentiality and Privacy) of the European Convention on Human Rights (ECHR).

Encouraging observations

- Prisoners had access to their critical dates when logging onto the Kiosk (see emerging concerns).
- The liberation process was robust.

Emerging concerns

- Foreign nationals reported that it was difficult to understand the admission process as the translation service was only used for the Talk to Me (TTM) interview and the Healthcare assessment.
- There were some good examples of leaflets translated into other languages; however staff did not always know they existed.
- Prisoners were not aware of their critical dates prior to leaving the reception.



Prison Kiosk System

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.

Inspection Findings Overall Rating: Generally acceptable

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

HMP Kilmarnock was found to be clean and tidy. However, once it has recovered from the outbreaks of COVID-19, the prison needs to ensure that those responsible for cleaning the establishment receive the appropriate training.

With some exceptions the buildings were fit for purpose but most areas were in need of refurbishment. The reception searching area was not appropriate or decent and needs to be addressed as soon as possible. All cells were primarily designed as single cell occupancy. However, due to increased numbers in the SPS estate the contract had been adjusted to allow an increase in the design capacity. In the cells that were now double occupancy, the single beds had been replaced by bunk beds, which made space tight for two people to live side-by-side. These cells are not considered appropriate to allow two people a decent and appropriate environment to live in.

Prisoners were provided with the basic requirements for a decent life including a bed, mattress and pillow that were in good condition and there was an effective replacement programme in place. Improvements are required to the hall laundry process to ensure prisoners receive proper training and that bedding is being laundered regularly.

Prisoners had access to cleaning products to allow them to keep their personal living area clean, and sufficient access to toiletries and hygiene products to assist them to maintain their personal care.

Suitable clothing was available for activities undertaken by prisoners. They were able to wear their own clothing in residential areas to allow them to maintain a sense of personal identity, and had access to suitable washing and toileting facilities on a regular basis. There was an issue with the toilets in Unit 6 in the work shed that should be addressed as soon as possible.

HMIPS Standard 2
Decency – Continued

Mixed views were gathered regarding the food provision at HMP Kilmarnock and the prison needs to review choices for those following a vegan diet. It was positive to hear that food provision did not change at the weekend to allow for longer lock-up periods. Prisoner Information and Activities Committees (PIACs) were taking place and there were few repeat complaints in relation to the food being provided.

HMP Kilmarnock should review the vegan products available from the canteen and update the list on the Kiosk system to make clear what products are available to those with dietary, cultural or religious needs, to allow them to make suitable choices. They should also ensure appropriate clothing is worn in the hall server areas and that temperature checks are taking place on the halls and records kept.

In terms of the **PANEL** principles for this standard:

Participation: Food PIACs were taking place regularly despite the pandemic. Each hall had a PIAC representative and meetings notes were placed on the Kiosks to keep prisoners up to date with issues discussed and actions taken.

Staff and prisoners were aware of how to raise maintenance issues and obtain replacement bedding or clothing.

Accountability: The prison needs to take action to ensure that those cleaning the prison and laundering clothes and bedding receive the proper training.

Non-discrimination and equality: Inspectors did not witness any direct discrimination during the inspection with regards to this standard. However, the prison needs to identify a more suitable and decent place for prisoners being searched in the reception area, and review the food choices for prisoners following a vegan diet.

Empowerment: Prisoners had access to the basic requirements for a decent life and understood the process for raising maintenance issues, requesting bedding and clothing. Some improvements are required to the laundry process to ensure that items are being laundered correctly and regularly.

The canteen list on the Kiosk system needs to be updated to make clear what choices are suitable to those with dietary, cultural or religious needs.

Legality: Inspectors did not find anything during the inspection of this standard that compromised any domestic or international laws.

HMIPS Standard 2 Decency – Continued

Encouraging observations

The food provided at weekends does not differ from that provided during the week despite longer lock up times.

Emerging concerns

- HMP Kilmarnock should find a more suitable and decent area to search prisoners coming in through reception.
- SPS HQ should revisit the design capacity of HMP Kilmarnock as the cells were too small to allow two people a decent and appropriate environment to live in.
- HMP Kilmarnock should ensure that all staff responsible for cleaning the establishment receive the necessary training.
- HMP Kilmarnock should ensure that laundry pass men receive appropriate training.
- HMP Kilmarnock need to add structure to the hall laundry process to ensure bedding is regularly cleaned to provide good hygiene.
- HMP Kilmarnock should investigate the issue with the toilets not working properly in work shed Unit 6 as soon as possible.
- HMP Kilmarnock should review the food being provided to prisoners who follow a vegan diet to provide them with more than one choice at meal times.
- HMP Kilmarnock should update the canteen list on the Kiosk system to make clear what products are available to those with dietary, cultural or religious needs.
- HMP Kilmarnock should ensure that appropriate clothing is worn in the servery areas throughout the establishment.
- HMP Kilmarnock should ensure that food is routinely being temperature checked on the halls and records kept.



Residential Hall

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.

Inspection Findings Overall Rating: Satisfactory

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

Although the inspection took place during a difficult time for the prison who were dealing with an outbreak and observation and access to the general population proved challenging, the establishment had a feeling of safety and prisoners had not identified any safety concerns. The establishment had a number of robust processes in place to keep those in HMP Kilmaronock safe but at times the completion of some paperwork such as TTM should be improved.

It was observed that prisoners were managed in a professional and competent manner and the establishment utilised a number of specialised equipment in order to keep people safe, including metal detectors and scanning equipment for mail. However, the full body scanner was not being used as there was no agreement between the SPS and Serco on its introduction.

A multi-disciplinary approach was used that supported the more vulnerable within HMP Kilmaronock.

The Kiosk system was a real benefit in accessing important information and self-booking appointments allowing for good access to support for those requiring it in a confidential manner. The fingerprint recognition system allowed for prisoners' information to be kept separate and safe.

It was observed that there was appropriate use of the rules concerning safety with a recently developed safer custody, violence reduction approach which allowed a well-managed approach to instances of violence and importantly support any victims.

On dealing with incidents, the establishment had a designated alarm response protocol with every operational person carrying a personal radio which included a personal alarm.

HMIPS Standard 3 Personal Safety – Continued

With regards to Health and Safety (H&S), structures and processes were in place and although the role was vacant, the position had been temporally covered by a very competent H&S representative from another establishment.

In terms of the **PANEL** principles for this standard:

Participation: Inspectors viewed all aspects of the TTM process. They observed skilled and competent staff working across disciplines with the common goal of supporting individuals and keeping them safe. Individuals were actively encouraged to participate in case conferences.

Accountability: The TTM system was fully established. All staff managers (both Serco and NHS) were well versed on their responsibilities. There were weekly assurance checks to ensure that both the process and documentation was completed to the highest standard. However, during the inspection it was noted that case conferences for individuals who had been within a safer cell for 72 hours were not routinely attended by a Unit Manager or equivalent. Across the establishment there were established processes aimed at reducing all instances of violence. This recognised that violence was a complex issue that required a whole-establishment approach to help influence and ultimately reduce the likelihood of violence occurring. In addition, there was an active Multi-Disciplinary Mental Health Team (MDMHT) meeting which was attended by all prisoner-focussed areas, including the Intelligence Manager.

Non-discrimination and equality: The establishment took a positive approach to equality. The Kiosk system provided quick and easy access to key information which was translated into a wide range of languages. In addition, staff within the establishment had access to translation services which were there to support individuals and staff. During the inspection the team witnessed a range of good practices which reinforced that a Non-Discrimination approach was well established.

Empowerment: During the inspection a wide range of staff and prisoners were spoken to and all reported feeling safe within the establishment. Staff appeared competent and trained.

Legality: All aspects of Prison Rules and H&S appeared to be being complied with. There was no evidence to highlight that key processes were non-compliant.

Encouraging Observations

- There were weekly reviews of all violent incidents to establish failings and lessons learned.
- The Kiosk system was a proactive and effective way of electronically mitigating the risk of known enemies engaging in activities.

Emerging Concerns

- If prisoners were held within a safer cell for more than 72 hours a Unit Manager (or equivalent grade) should attend the case conference.
- The issue around use of the Body Scanner machine in the reception should be resolved.
- The estimated 20 week wait to engage with mental health services should be improved.

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.

Inspection Findings Overall Rating: Generally acceptable

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

In general, there were positive practices within HMP Kilmarnock in relation to this standard. The safety and security of the prison was maintained while balancing the needs and treatment of prisoners in a humane setting.

The prison was secure, safe, and clean. HMP Kilmarnock ensured the security of the prison was maintained to a high standard and managed in an orderly and respectful manner. The Electronic Control Room (ECR) was effectively managed, with competent staff who were knowledgeable and skilled in the operation of managing the controlled security doors for staff, visitors and prisoners throughout the prison.

Front-of-house processes were focussed on security, and rigorous in supporting the detection of illicit items whilst providing a courteous welcome to visitors. Staff were highly vigilant of the perimeter fence and constantly monitored this, knowing which areas were particularly vulnerable and what to watch out for. All of the prisoners held within the SRU were held lawfully, though a number had been held for a significant period of time and earlier intervention and management should be in place. UoF was used proportionately with a number of spontaneous interventions recorded due to the use of Body Worn Cameras (BWC). At the time of inspection new cameras were being trialled which included sound recording.

HMIPS Standard 4 Effective, Courteous and Humane Exercise of Authority – Continued

In terms of the **PANEL** principles for this standard:

Participation: Inspectors observed a Rule 95 and a Rule 41 case conference being held where prisoners were invited to participate both in writing and verbally. Prisoners were also fully involved in the Disciplinary Hearing process with opportunity to contribute at all stages. However, this was not always reflected in the paperwork.

Accountability: Escort forms checked evidenced that appropriate security decisions regarding supervision levels were made on an individualised basis. The SSM process lacked structure and requires an identified accountable individual to ensure appropriate assurance processes are in place. Whilst there was evidence of meetings held to review all UoF paperwork and removal video footage, UoF forms were not completed and signed off by the Head of Security. There were processes in place to record testing of prisoners for controlled drugs.

Non-Discrimination and equality: The Kiosk system provided information on the prison in a variety of different languages. Inspectors saw no issues around discrimination or a lack of equality in this Standard. Observations in case conferences revealed that those involved in the processes were treated fairly.

Empowerment: PIACs were in place with representatives from each wing attending. The Kiosk system provided access to information in a variety of languages. However, access to the Human Rights section was not in line with all other available content.

Legality: Inspectors did not find anything to suggest the establishment was not acting legally. All individuals were provided with one hour's access to open air daily.

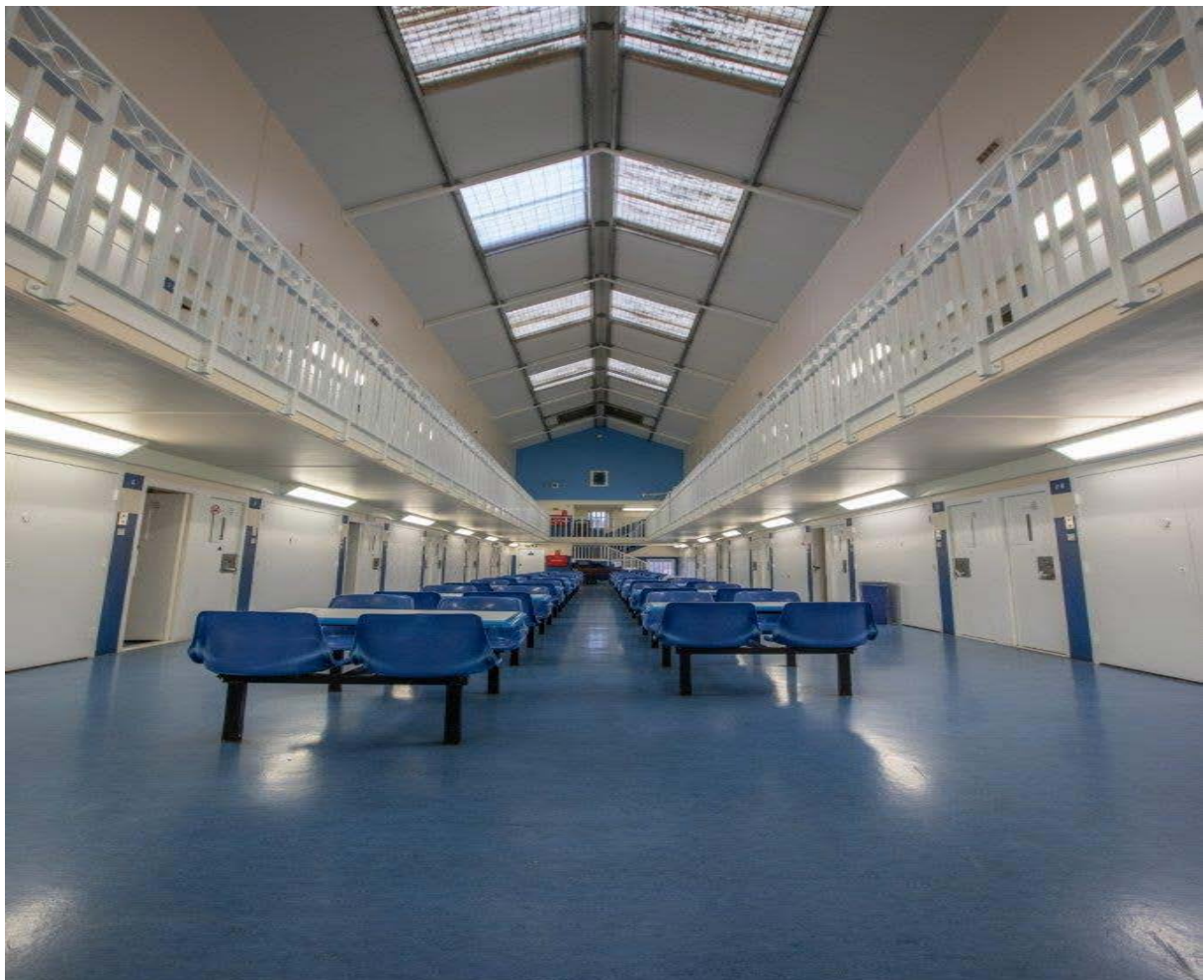
Encouraging Observations

- The use of BWC.
- Monthly review meeting of UoF with relevant staff attending.
- The approach taken to individual case management within the SRU.
- The methodical and consistent approach to searching the route movement.
- The development of an electronic property system.
- The individualised approach to risk assessment whilst out on escort.
- Route movement was extremely well organised and methodical.
- The Rapiscan machine had made significant progress in identifying mail that contained illicit substances and these items had been reported to Police Scotland.
- Disciplinary hearings were consistently approached in a courteous manner with the Adjudicator engaged in the process of understanding why the situation arose.
- Good-quality searches were observed by inspectors throughout the prison, with good staff and prisoner relationships.
- Individual recording off all mail items entering the establishment.
- The daily handover paperwork that was used in the SRU was helpful in providing a daily state of the regime, activities and general observations.

HMIPS Standard 4 Effective, Courteous and Humane Exercise of Authority – Continued

Emerging Concerns

- The length of time spent by several individuals within the SRU prior to return to mainstream conditions.
- The SSM system had recently been implemented and its application was not consistent across the establishment.
- The areas used for body searching in reception and during the route movement did not afford individuals a suitable level of privacy.
- Valuable Property (VP) bags should be sealed at close of play by reception staff with an itemised list for each individual included.
- The dip in mandatory drug testing due to staffing resources.
- Provision of suitable door on MDT test location.
- No secondary assurance was provided by a manager on the daily mail check.



Residential Area

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.

Inspection Findings

Overall Rating: Satisfactory

In this standard, five quality indicators were rated as satisfactory and three were generally acceptable, giving an overall rating of satisfactory performance. There were no examples of good practices identified and four recommendations for improvement.

The atmosphere in the prison was calm and respectful. Relationships between staff and prisoners were positive, with most being on first name terms. Whilst the regime was being disrupted by the COVID-19 outbreak, the prison remained orderly and despite some communication issues around what was available, there was generally an understanding amongst prisoners of what would be happening and when. Staff on the halls were aware of the prisoners and were able to identify who was on or off the hall, and the whereabouts of those on the halls. When looking for individuals they approached them individually, and spoke to them in a respectful way.

The PIAC meetings happened regularly, and prisoners were fully involved. The PIAC representatives were appointed by prisoners to represent their interests. The prisoner representatives took their duties seriously, and were keen to help develop the system further.

Information was shared through the Kiosk system on the hall, which generally worked well. Overall prisoners had confidence in the complaints system and would use it when necessary.

The Independent Prison Monitors (IPMs) were known by staff and prisoners and were able to carry out their duties unhindered.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

In terms of the **PANEL** principles for this standard:

Participation: This was fully evidenced with regards to the sharing of information. Families attended open days as well as adapted visit sessions. The opportunity to attend TTM case conferences was presented but there was no recent evidence that families attended.

There was evidence of a robust PIACs system in place, which met regularly. Membership was determined by the prisoners and the prisoners involved took their responsibilities seriously.

The prisoner complaints system operated in line with policy and process. Complaint forms were readily available on all the halls.

The relationships between staff and prisoners were positive throughout the establishment. Interaction between all groups happened frequently with the opportunity to communicate openly and in a relaxed manner. Staff knew the prisoners on their halls and conversations witnessed by inspectors were respectful.

Although the regime was restricted due to a COVID-19 outbreak, the prison felt calm and prisoners did not raise any concerns about safety.

Accountability: Information on prisoners' rights was available on the Kiosk system on the halls, although there were some concerns about the limited time provided on some of these pages for prisoners to read and consider the information. There was good evidence of the prison taking action following rulings from the Scottish Public Services Ombudsman (SPSO).

Non-discrimination and equality: Vulnerable groups of prisoners were well supported. Processes were in place to allow all prisoners equal access to services and there was no evidence of mistreatment.

Empowerment: The use of regular PIACs had given prisoners a voice within the prison.

Legality: Legal information was available on the Kiosk system. Information about IPMs was displayed on all notice boards. IPMs visited the prison most weeks and were known to staff and prisoners.

Encouraging Observations

- There was an active PIAC, with prisoners selecting representatives. The prisoners involved were positive and keen to work with the prison to bring about improvements and saw the potential for the PIAC to help drive positive change.
- The in-cell phones are an excellent feature, allowing prisoners to maintain contact with people outside the prison.

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.

Inspection Findings

Overall Rating: Generally acceptable

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

The prison offered a broad range of employment opportunities for prisoners in purpose-built workshops for commercial contracts and in work parties to support prison services. Overall, there were sufficient, good-quality employment opportunities available to prisoners. Vocational training opportunities were not available at the time of the inspection due to COVID-19 restrictions. Prison managers proactively and regularly reviewed the scheduling of employment and training opportunities to improve the opportunities for prisoners to access purposeful activity. The Learning Centre's employability programme delivered a range of training to prisoners, including manual handling, COSHH, health and safety, and first aid at work.

All prisoners could apply for work parties and work placement opportunities through the Kiosk system. A prison allocation board met every other week to consider applications for employment and match prisoners to their requested activity, taking account of any intelligence relating to prison security. Key workers held regular meetings with prisoners that provided an opportunity to discuss their participation in education, training, and employment.

The Learning Centre provided a welcoming environment for prisoners to engage in learning activities. Prisoners and staff worked well together and teaching staff encouraged prisoners to develop a range of personal and social skills, in addition to gaining subject knowledge. Prisoners participated in a range of basic and core skills learning activities, including literacy, numeracy and Information and Communication Technology (ICT). However, the range of programmes on offer was not sufficiently wide enough to provide all prisoners with the range and depth of subjects to progress beyond basic levels. There was no systematic process to identify and support any prisoner requiring additional learning support, such as with dyslexia. Staff were aware of the issue, but managers had not addressed it, despite the issue being identified during the previous full inspection.

HMIPS Standard 6

Purposeful Activity – Continued

The gym and health improvement centre offered a good range of physical and health activities available to prisoners. This included a core programme, which was based in the gym, games hall and outdoors. The variety and quality of activities provided was good. All prisoners had the opportunity to attend the gym several times a week, including evenings and weekends.

Prisoners were able to access a small and well-stocked library located within the Learning Centre, either when attending classes or by scheduled visits in the evening.

Library staff consulted routinely with prisoners about the services and stock and took account of these views when ordering new materials. Prisoners could make library requests via the Kiosk system and these items were delivered to their hall.

Most prisoners had access to a range of cultural activities and events and a number participated in them. Over recent months many of these had been restricted due to social distancing measures as a result of COVID-19. Formal peer support arrangements were not operating due to COVID-19 restrictions, but some prisoners offered informal peer support, particularly to new prisoners in work parties or in residential halls.

The main population group were receiving their allocated time to exercise in the fresh air. However, during the inspection, it became apparent that three categories of prisoners would only receive access to fresh air for thirty minutes on three separate days each week, which was discriminatory:

1. People who had returned a positive COVID-19 test result.
2. People who had been in close contact with positive test cases.
3. People who had refused to take a COVID-19 test.

HMIPS is very much of the view that the COVID-19 guidelines were discriminating against people in custody as well as breaching Prison Rules and human rights.

The Chaplaincy Team were very proactive in visiting every prisoner in custody for the first time within 48 hours of admission, and provided support to all prisoners regardless of their faith or beliefs. The Chaplains operated a 'duty role' which essentially provided generic pastoral care in the house blocks for all prisoners during normal working hours.

In general terms the prisoners' visiting facilities and the visitors waiting area provided a warm, welcoming and relaxed backdrop to a positive experience for prisoners and visitors alike. Family Contact Officers (FCOs) interacted and engaged positively with prisoners and their visitors and helped to engender a relaxed environment for family contact to be made.

HMIPS Standard 6 Purposeful Activity – Continued

Disappointingly, prisoners' families commented on how difficult it was to get access to any form of information about prison visits, the wider prison regime and the range of support services and programmes that were available in the prison. Inspectors noted that this position was made all the more acute by virtue of the fact that it had been over 20 months since the last family induction programme had been facilitated Family and Friends at the Centre of Throughcare (FACT). This clearly had an adverse impact of people visiting the prison and led them to believe that they were not being fully included in their loved one's custodial journey.

Inspectors were informed that the prison had a fully functioning family strategy group overseeing all children and family related matters. However, despite numerous requests, inspectors were not provided with any minutes from any meetings; the only evidence provided was an agenda from February 2020.

Standard ICM was the endorsed process designed for all prisoners not subject to post-release supervision. The process is intended to be delivered primarily by specialist providers who assess an action plan within their area of expertise, by consistently updating the Community Integration Plan (CIP) as the main prisoner file.

Unfortunately, there was very little evidence of standard ICM in day-to-day operations. Prison Links Centre staff commenced the process by completing a core screen, but key workers did not get access to the findings. Thereafter, the key workers maintained a hard copy monthly report up until six weeks prior to the prisoners' liberation. At this stage the Links Centre staff and ICM Team completed the process through pre-release planning leading into a multi-disciplinary/multi-agency community reintegration meeting that sought to smooth each prisoner's transition back into their local community.

Enhanced ICM was the endorsed process designed for all prisoners who were subject to post-release statutory supervision. This process utilises full risk and needs assessment and a case conference model for action planning. This approach brought together the prisoner, key internal and external staff, and where appropriate the family, to examine the prisoner's progress through custody. The prison provided good evidence of enhanced ICM being integrated into day-to-day operations through a very motivated, experienced and competent ICM Team. However, the prison seemed more focussed on process, procedure and timelines, rather than building the infrastructure around the key workers' relationships with prisoners and driving case management forward from there. Inspectors felt that there was a major disconnect between what key workers do and the ICM/RMT structure itself.

In terms of the **PANEL** principles for this standard:

Participation: Prisoners, along with their family and friends, were still actively participating in open visits in spite of the potential threats posed by the COVID-19 pandemic. Prisoners were also actively participating in virtual visits as an additional mechanism for maintaining close links with family and friends.

All convicted prisoners were actively encouraged to participate in case management arrangements.

HMIPS Standard 6

Purposeful Activity – Continued

Prisoners serving long-term sentences and who were subject to statutory supervision arrangements on their release, experienced a comprehensive and inclusive ICM process facilitated by ICM staff and key strategic stakeholders including the head of psychology and the social work team leader. Prisoners serving short-term sentences and not subject to statutory supervision arrangements on their release, had a reasonable level of engagement and interaction with their case management, through Links Centre staff, key workers and prerelease stakeholders.

Accountability: There is a fundamental disconnect between the role of the key worker (personal officer) and the formal case management procedures in place for short and long-term prisoners. However, the prison was proactive in assessing and reviewing prisoners' risks and needs for programmes and support services and in providing central oversight of ICM and Risk Management Team (RMT) processes and procedures.

Non-discrimination and equality: Some groups of prisoners were clearly being discriminated against in terms of their access to fresh air during periods of exercise.

All prisoners benefitted from a fair, equitable and individualised approach to ICM planning. The prison appeared to be committed to making sure that key staff were in place at key stages of the process and that they were aware of their role and associated responsibilities in managing the transition of all prisoners back into the community. Inspectors witnessed well-established relationships with internal and external partner agencies and these were key in ensuring that ongoing support was available for prisoners on release.

Empowerment: In general terms prisoners were aware of their rights to engage in ICM arrangements. There was good evidence of individual prisoners being meaningfully involved in case management decisions through engagement with the ICM team, ICM case conferences, the RMT forum and the weekly community reintegration meetings.

Legality: Rule 87 (1) states that 'every prisoner must be given the opportunity to take exercise or, where the weather permits, to spend time in the open air for not less than one hour every day'. Whilst we accept that the emergency powers allowed for this to be breached, the Council of Europe Guidelines (7) were very clear that all prisoners should be allowed one hour in the fresh air every day regardless of COVID-19.

The ICM arrangements for prisoner's subject to statutory supervision on release was robustly delivered by knowledgeable, enthusiastic and experienced staff. Case conferences and RMT meetings clarified prisoners' expectations around progression and parole policies. Communitybased partners fully supported case conferences, RMT deliberations and community reintegration planning activity in meeting the needs of the individuals and the multi-agency management of risk.

HMIPS Standard 6 Purposeful Activity – Continued

Encouraging observations

- The Chaplains were extremely supportive of each other and talked frequently about unity and togetherness in their quest to provide support, guidance and pastoral care to all.
- The enhanced ICM process worked efficiently and effectively due to a well-established and well-resourced ICM Team that had the requisite levels of knowledge, skills and experience for this type of role.
- Enhanced case conferences were extremely well managed in terms of establishment oversight, scheduling, information sharing and key stakeholder attendance.
- Multi-disciplinary working relationships between Prison-Based Social Work (PBSW), Psychology and the ICM Team is good practice.
- RMT multi-disciplinary working relationships between PBSW, Psychology, ICM Team and NHS were very positive.
- Psychology and Offender Behaviour Programme (OBP) staff were proactive in identifying generic needs and delivering a suite of interventions to reduce risk. They were also demonstrating a level of innovation by developing bespoke services when OBPs were not appropriate.

Emerging concerns

- HMP Kilmarnock as a matter of urgency, should put in place a robust and systematic process to identify, test and support all prisoners with an additional learning support needs.
- The prison was breaching Rule 87(1): every prisoner must be given the opportunity to take exercise or, where the weather permits, to spend time in the open air for not less than one hour every day.
- Over the course of the last 20 months the prison had not held any family strategy meetings or planned any of the FACT family induction sessions.
- Inspectors found very little information in the Visitors Centre (VC) or the Visits Hall (VH) about visits, prison regimes and key services and programmes on offer to prisoners as well as family and friends.
- Key workers had very limited access to ICM learning and development opportunities and consequently were lacking some of the knowledge, skills and behaviours required to carry out this role effectively.
- The key worker role within both Standard and Enhanced ICM appeared to be underused and undervalued in supporting these business critical processes.
- Key workers were not involved in ICM case conferences and their attendance at RMT meetings was very limited.
- Key workers were not developing the type of working relationships required to support people through their case management.



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 successfully 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.

Inspection Findings

Overall Rating: Generally acceptable

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

There were a number of good examples of multi-agency working within this standard. HMP Kilmaronock were able to continue Community Reintegration Meetings (CRMs) throughout the pandemic by utilising online facilities allowing all key agencies to take part. This support was appreciated by HMP Kilmaronock staff and beneficial to those leaving prison in enabling them to reintegrate back into the community under challenging circumstances. This support led to good examples of prisoners being met at the gate on liberation and taken to essential appointments.

In-Reach agency working had restarted in October 2021, with access to a number of agencies at the Links Centre, with appointments being made on the Kiosk system. However, less than half the prisoner population were using this system. The lack of sharing of information by external agencies other than the basics required for liberation was causing some issues, and prisoners were having to self-report on important health and social care needs when arranging support on release.

Enhanced ICM, for long-term prisoners was well established and co-ordinated, however the attendance of key workers should be improved. Key workers were not always informed about plans, had limited access to planning processes and did not attend key planning meetings. Key workers were also unclear about the purposefulness of the information they provided to inform planning. Both CommunityBased Social Work (CBSW) and PBSW made effective contributions to case management by preparing assessments, reports and attending meetings for both long and short-term prisoners.

There was a real commitment to addressing the needs and risk at HMP Kilmaronock, delivered collaboratively by forensic psychology and programmes staff with cooperative involvement from PBSW where relevant. Although there were some delays in delivering local programmes, efforts were being made to assist with progression and release preparation. Those at HMP Kilmaronock on national waiting lists for behaviour programmes were experiencing long delays which was having a negative impact on progression. An important aspect of being successfully reintegrated into the community is having a roof over one's head. There was a good relationship with housing support and in most cases those being released had an address, and prisoners were notified of the address prior to liberation. However, there was no impact assessment of the effectiveness of the supports prisoners on release were receiving.

HMIPS Standard 7

Transitions from Custody to Life in the Community – Continued

In terms of the **PANEL** principles for this standard:

Participation: Long-term prisoners and their families routinely participated in case conferences. For short-term prisoners their experience was varied. There was some room for improvement where individual prisoners could have been better informed about services supporting them on release. In this area, more could be done to ensure residential staff have access to the information they need to improve communication.

Accountability: The development of a weekly multi-agency meeting to plan for prisoners due for release ensured that there was systematic oversight of plans for most prisoners. Links Centre staff had a good overview of prisoners due for release and maintained close links with key agencies best placed to provide the required support. Individual prisoners could have anxiety about what was happening for them, and it would be beneficial if key workers had up-to-date information for prisoners due for release. The delivery of accredited programmes and other offence-based interventions was delivered and monitored by senior staff, in collaboration with psychology and PBSW. There continued to be provision and accessibility challenges in relation to programmes requiring transfer to other establishments.

Non-discrimination and equality: Well-established relationships with partner agencies were key in ensuring ongoing support for the most vulnerable returning to the community. Through the CRM, services involved in throughcare were well informed about most needs, potential risks and concerns. However, there were still some cases where prisoners with complex needs did not have the support they required in place on release. Robust quality assurance in relation to this standard is underdeveloped, which means that the establishment cannot talk confidently about the impact they have had on a successful transition. It was unclear how effectively support was provided for transition to the community where prisoners did not consent to information sharing at the CRM.

Empowerment: The ICM process was focussed on the individual prisoner, what their plans were and how their needs were going to be met during their sentence. The RMT similarly focussed on the prisoner's needs and risks and benefitted from strong multi-agency working to reach defensible decisions about progression. Most of the prisoners inspectors spoke with were aware of the agencies available to support them on release and efforts were made, primarily by Links Centre staff, to encourage them to engage with the support.

Unfortunately, some prisoners highlighted poor communication from other prison staff and were frustrated about access to key health services. Some felt they had not been treated fairly and did not feel that they were being listened to.

Prison based services were working well together to provide a robust case management experience for statutory prisoners. The Psychology Team, the ICM Team, programmes staff and PBSW had welldeveloped professional relationships supporting effective collaborative practice. Social work services were reminding individuals about their access to voluntary throughcare.

Leadership was positive and oversight of prison management was generally acceptable.

Transitions from Custody to Life in the Community – Continued

Legal: There were no concerns about the legality of processes.

Encouraging observations

- Weekly CRM meetings, with good engagement from partner agencies, were properly considering the needs of those prisoners¹ who will be released soon.
- The enhanced ICM process was well embedded and benefitted from the commitment of experienced and knowledgeable staff.
- Case conferences were well attended by prisoners, family and key professionals.
- Relationships between PBSW teams were good and were supported by integrated working practices.
- Positive steps had been made to ensure that prisoners leaving HMP Kilmarlock know where they are staying.
- The community 'navigator' service was providing valuable informal drug and alcohol support in the prison and links to community-based services.
- Prison Forensic Psychology and programme staff were proactive in identifying needs of the population and developing interventions

Emerging Concerns

- The role of key workers was underdeveloped and more could be done to maximise the impact of this staff group on planning for release.
- There was no systematic approach to gathering information on the effectiveness of support given to prisoners and existing auditing was limited.
- Information for prisoners about, and efficient access to, agencies providing support was inconsistent.

¹ this only applies to prisoners who have given consent for information to be shared at this meeting

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 cooperate constructively to deliver these priorities.

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

Inspection Findings Overall Rating: Satisfactory

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

There was a clear visible commitment from the Director to develop a culture of continuous improvement within the organisation, with the whole SMT expected to lead the way and model appropriate behaviours through embracing the concept of a Journey to Excellence. There was a strong focus on meeting contractual requirements and demonstrable progress had been made in improving performance to minimise any financial penalties. Good performance by individuals was clearly recognised and valued, and swift action taken when new recruits tested positive for drugs.

The prison worked collaboratively and creatively with other organisations in the community and the Director was keen to push innovation and development within the prison, but the current contract inhibited the practical application of such creativity.

There were a few areas where improvements could be made. While the handling of individual transgender cases had been done with admirable care and sensitivity, the prison would benefit from developing a more formal E&D Action Plan and ensuring that the regularity of E&D Committee Meetings matches the SOP.

Staff did not always feel confident about their knowledge and ability to carry out their roles and wanted more training, although the prison was broadly on track with most elements of mandatory training. Staff expressed concern about having to mentor new staff and inspectors saw scope to improve communication and share knowledge more effectively within teams to provide more resilience when individuals were on sick leave.

HMIPS Standard 8 Organisational Effectiveness – Continued

In terms of the **PANEL** principles for this standard:

Participation: PIACs were in operation providing opportunities to seek prisoner views on where things needed to improve, and both staff and prisoners were consulted to assess the effectiveness of the new key worker scheme.

Accountability: There was clear commitment to a programme and projects focussed on continual improvement. Progress with mandatory training was generally satisfactory, although the improvement agenda had a wider focus beyond HMIPS standards and human rights.

Non-discrimination and equality: The prison was proactive in ensuring that prisoners who were particularly vulnerable, such as transgender prisoners, were appropriately supported, and delivered this with considerable care and compassion. E&D as a whole could be better embedded through a more robust action planning process.

Empowerment: While recognising that COVID-19 related restrictions were inevitably limiting opportunities across the prison, a more active approach could be taken to ensuring that prisoners are able to participate in all aspects of prison life and empowering them to be able to claim their entitlements.

Legality: There was a strong focus and drive from senior management on complying with the Prison Rules and meeting contractual obligations, but greater cultural emphasis could be directed to ensuring the human rights of prisoners are upheld.

Encouraging observations

- Commitment from the top to promoting a culture of continuous improvement.
- Recognition of good performance and valuing the contribution of individuals and teams.
- Caring compassionate support for transgender prisoners.

Emerging Concerns

- More robust embedding of the overall E&D agenda is required through the E&D oversight group and development of an associated action plan.
- The focus on securing and meeting core contractual obligations could stifle creativity or service development, with little incentive to go beyond minimum requirements in refurbishing the infrastructure or promoting service innovation if the SPS/Serco contract is not renewed.

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.

Inspection Findings

Overall Rating: Generally acceptable

In this standard, three quality indicators were rated as good, nine were rated as satisfactory, two were rated as generally acceptable and two were rated as unacceptable, giving an overall rating of generally acceptable. There were 15 examples of good practice and 10 recommendations for improvement.

HMP Kilmarnock has experienced two significant COVID-19 outbreaks during the pandemic, in March 2021 and September 2021. The most recent outbreak was still ongoing at the time of the inspection.

The impact of the pandemic has been felt within the Healthcare Team at HMP Kilmarnock, equivalent to the pressures experienced across the wider NHS system. Staffing had been challenging throughout the pandemic and there were a number of vacancies across the Healthcare Team including nursing, administration, pharmacy and the addictions service. Staffing levels had been at minimum level for a significant period of time making it difficult to deliver core services which had significantly affected access to some service delivery during this time. Staff had prioritised patients with the most clinical needs, as well as focussing on providing vaccination clinics in order to mitigate the risks of ongoing transmission.

Despite ongoing staffing challenges, the Healthcare Team had maintained staffing at safe levels to deliver core services. Vacant shifts were being covered by the use of bank staff and overtime by core staff. Multi-Disciplinary team work was evident. Senior staff continued to escalate their staffing issues through the existing governance structures within the health and social care partnership. They had support from community services during the outbreak, including the community testing team when delivering mass testing, and the contact tracing team supported with contact tracing in the short term. Multi-Agency Incident Management Team meetings regularly took place with support from both Public Health and infection control teams. These were attended by representatives of healthcare, SPS and Serco.

The pressures on staff and the wider system were ongoing. Staffing issues were recognised as a national issue, however inspectors shared concerns raised from senior management about the capacity of the healthcare staff group to sustain working additional shifts.

HMIPS Standard 9 Health and Wellbeing – Continued

The current infrastructure and size of the Health Centre has been highlighted in the previous HMIPS report of 2016. Despite some immediate improvements, the health care area was still not fit for purpose. This was a concern as staff move to remobilising all services. There was a concern that waiting times would not improve as there was not enough room to accommodate the perceived demand. Staff groups report feeling exhausted with the demands of delivering healthcare with both a depleted workforce and poorly constructed facility.

It was recognised by Inspectors that the healthcare staff group were a motivated team, dedicated to providing the best possible care to those in HMP Kilmaronock. Inspectors escalated the above concerns internally within HIS and with the clinical service manager for HMP Kilmaronock, and advised that formal escalation of these concerns would be sent to the EAHSCP, NHS Chief Executive, the SPS and Serco. These are outlined in QI 9.15.

Primary care

There were good systems and processes in place to support early identification of long-term health condition needs. Patients had appointments scheduled by the admin team based on the information gathered at admission/reception. There was a self-referral system in place in the house blocks within the prison and referrals were collected daily.

Mental Health

Since the 2016 HMIPS report, it was encouraging to see that the Mental Health Team now had a comprehensive range of multi-disciplinary staff. This included a learning disabilities nurse, speech and language therapist, Occupational Therapist psychology, psychiatry and mental health nurses. There was also a full-time clinical psychologist in post.

Although a wide range of mental health services were available, the clinical team would like to expand the range of treatments and supports on offer to their patients. This would be provided by a workforce that is well trained. However, the lack of space in the prison limits the amount of services the Mental Health Team could deliver.

Throughout the COVID-19 pandemic, an increase in demand for mental health services has been seen, coupled with increased complexities associated with the delivery of mental health services within HMP Kilmaronock, such as the requirement for physical distancing.

At the time of the inspection the waiting times for a routine mental health service assessment was 20 weeks. This increase reflected the clinical priorities, coupled with the vulnerable staffing position that the healthcare teams had faced since the beginning of September 2021. Patients were not informed of the length of time they would be expected to wait for a mental health assessment.

All new mental health referrals were screened on a daily basis by the mental health duty nurse and where risk is identified, a same day or next day check in would be undertaken to fully assess risk. Triage of referrals takes place twice per week by senior members of the mental health team.

HMIPS Standard 9 Health and Wellbeing – Continued

There was evidence of effective communication between the Multi-Disciplinary Mental Health Team and other clinical teams. Reviews of all transfers and admissions into HMP Kilmarnock were discussed at weekly clinical multi-disciplinary team (MDT) to identify the most vulnerable and to pick up risk of mental health issues.

There were two psychiatrists who provided clinical input into the prison. The psychiatrists will aim to prioritise urgent cases that are identified through the multi-disciplinary team meeting. Where admission to a Psychiatric Unit was indicated, arrangements were made to transfer prisoners. This could be to a low security environment (intensive psychiatric care unit), medium or high security environment, determined by the level of illness and offence. Inspectors were told that there had been delays in accessing medium secure beds.

Substance misuse

All new admissions with drug and/or alcohol dependence were identified during their initial health screening. For those who had an existing prescription for Opiate Substitution Therapy (OST), a process was in place for them to continue on OST medication such as, methadone or a Buprenorphine injection during their stay in prison. Any requests from patients who wanted an alternate OST medication from the one that had been prescribed prior to admission into the prison were not provided. Given that this does not support a range of choice for patients, the Substance Use Team (SUT) were currently reviewing the treatment options for patients with the view to offering patients more choice during their stay in prison.

The lead for the Addiction Team was the Clinical Team Leader, Mental Health and Addictions. A weekly Clinical Team Meeting was in place to review all new referrals and discuss complex patient issues.

Prior to the COVID-19 outbreak, the Addiction Team delivered assessment, review clinics and pre-liberation appointments on a daily basis. During the inspection inspectors saw the team were gradually reintroducing routine clinics as they come out of outbreak status. They now offer assessments and pre-liberation appointments to all patients who are prescribed OST and to those patients where risk of harm through substance use has been identified. Similar to other clinical teams in the prison, the amount of patients the team could see was restricted. Any group work was not able to be carried out due to the lack of rooms and space available in the prison. Follow-up and treatment options were also limited.

At the time of the inspection, the waiting time for new referrals to addiction services in HMP Kilmarnock was six to seven weeks, which was longer than the three weeks from referral to treatment national heat targets. There had been challenges within the addiction team over recent months, in terms of vacancies and staff absences which had led to an increase in waiting times. Pre-pandemic we were told that the addictions team were consistently achieving the three week target.

Pre-liberation naloxone training was still being offered, and transfer of care to community addiction teams remained in place for those patients who were engaged with medication-assisted treatment. All patients were offered Nyxoid (nasal naloxone) on liberation. Inspectors were told the uptake for Nyxoid was higher due to less stigma with nasal naloxone compared to using injectable naloxone.

HMIPS Standard 9 Health and Wellbeing – Continued

Even if people did not attend their pre-liberation meeting they were still offered Nyxoid in their kit for liberation.

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

Patients with a number of comorbidities, long-term conditions, or life-limiting illness, were added to the palliative care register on arrival into prison and were placed on either the red, amber, or green palliative care pathway as per the Gold Standards Framework (2020). All patients on the register were discussed by a multi-disciplinary team every eight weeks to ensure that all their health and wellbeing needs were being addressed and to agree an ongoing care plan. Patients had access to nursing staff, allied health professionals (AHPs), clinical psychology, chaplaincy, GPs and pharmacy. Routine long-term health conditions clinics were paused due to the pandemic. However, staff continued to review patients where there was a clinical need. The clinics were suspended again during the recent outbreak when priority was given to delivering clinical care in-cells as well as prioritising vaccinations.

Infection, prevention and control

During the inspection, the inspection team found several areas of concern. The fabric of the building was aged and had shown deterioration since our liaison visit in June 2020. Areas where healthcare was delivered remained difficult to clean due to several issues: the current accommodation impacted on the healthcare environment due to the size, poor layout, and large throughput of both patients and staff.

Clinical equipment was clean and ready for use and completed cleaning schedules were available for review. Inspectors saw evidence of a rolling programme of audits in place including a recent internal infection prevention and control audit where it was identified that the environment was scoring low. Staff were knowledgeable regarding standard infection control precautions and had adequate supplies of PPE. The current cleaning resource provided was insufficient and currently excluded weekend cleaning. This must be addressed as a priority.

Encouraging observations

- Patients' past mental health clinical records are reviewed on admission to identify previous and current mental health issues. Individuals identified for OST on admission are automatically referred to the addiction team for an appointment.
- HMP Kilmarnock's appointment system, which is managed by the healthcare administration team, is efficient and well managed.
- The Health Centre has a permanent member of Serco staff assigned to this area. Staff reported this enhanced patient flow into the area.
- HMP Kilmarnock have a comprehensive range of multi-disciplinary staff including a learning disabilities nurse, speech and language therapist, Occupational Therapist psychology, psychiatry and mental health nurses.
- Reviews of all transfers and admissions into HMP Kilmarnock were discussed at the weekly multi-disciplinary team clinical meeting to identify the most vulnerable and to pick up risk of mental health issues.
- Nursing staff ensured medication was delivered to patients before they attended court and to those who were being liberated.
- There has been a move during the pandemic to have patients on in-possession medications and encourage autonomy.

HMIPS Standard 9 Health and Wellbeing – Continued

- HMP Kilmaronck has safe systems in place to identify patients on medication. Patients must present their personal photo ID card and are asked to confirm their SPIN Number in order to receive their medication.
- Competent witness training was provided for non-clinical staff to enable medication rounds to proceed without delay in the event of staff absence.
- Good communication was in place between the dental team and healthcare team within HMP Kilmaronck.
- Nurses are trained in emergency dental triage, using AAA approach (antibiotics, analgesia and advice).
- Talk to Me case conferences are attended by the mental health team.
- The speech and language therapist is developing easy read and visual guide feedback forms for patients.
- Prison healthcare staff maintain regular communication with the hospital ward and information is updated onto the patient's electronic medical record. Hospital staff will also confirm the date of discharge back to the prison when known. If a prisoner has been identified as a close contact or tests positive whilst at hospital, this will be communicated to the healthcare team at HMP Kilmaronck.
- The staff dining room displays aspirations for both staff and management behaviours. This allows staff to voice their concerns anonymously but in a positive fashion and shows commitment from management to hear concerns.

Emerging concerns

- HMP Kilmaronck must provide suitable clinical accommodation to support safe and assessable access to healthcare.
- HMP Kilmaronck must ensure patient confidentiality in assisting patients to complete referral forms where required. In the absence of alternative formats for some services there is a concern that patients may not take the opportunity to self-refer for healthcare.
- Healthcare staff must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.
- HMP Kilmaronck must ensure the doors are closed during patient consultations or seek a safe solution to address this.
- HMP Kilmaronck must consider alternative routes of support for mental health patients, for example, reintroduction of in-cell telephone consultations.
- HMP Kilmaronck must map out what mental health services they can feasibly deliver with the restraints of space and capacity within the prison.
- HMP Kilmaronck must ensure solutions are reached to continue the use of in-cell phones for healthcare appointments.
- HMP Kilmaronck must ensure that care plans are person-centred and outcome-focussed. Staff must work jointly with patients in the writing of their care plans and setting of goals. There must be evidence of the patient's agreement to this plan.
- HMP Kilmaronck must continue to improve communication between social care providers and healthcare staff to enhance patient outcomes.
- HMP Kilmaronck must provide secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

ANNEX A

SUMMARY OF RECOMMENDATIONS

See page 9 for the key recommendations from this list.

Recommendation 1: HMP Kilmarnock should ensure that all staff working in reception have full knowledge of the information available to all prisoners.

Recommendation 2: HMP Kilmarnock should find a more suitable and decent area to search prisoners coming in through reception.

Recommendation 3: SPS HQ should revisit the design capacity of HMP Kilmarnock as the cells were too small to allow two people a decent and appropriate environment to live in.

Recommendation 4: HMP Kilmarnock should ensure that all staff responsible for cleaning the establishment receive the necessary training.

Recommendation 5: HMP Kilmarnock should ensure that laundry pass men receive appropriate training.

Recommendation 6: HMP Kilmarnock need to add structure to the hall laundry process to ensure bedding is regularly cleaned to provide good hygiene.

Recommendation 7: HMP Kilmarnock should consider making more use of the prison laundry in order to keep the work party busy and ensure the correct processes are followed in relation to Recommendations 4 and 5.

Recommendation 8: HMP Kilmarnock should investigate the issue with the toilets not working properly in work shed unit 6 as soon as possible.

Recommendation 9: HMP Kilmarnock should review the food being provided to prisoners who follow a vegan diet to provide them with more than once choice at meal times.

Recommendation 10: HMP Kilmarnock should update the canteen list on the Kiosk system to make clear what products are available to those with dietary, cultural or religious needs.

Recommendation 11: HMP Kilmarnock should ensure that appropriate clothing is worn in the servery areas throughout the establishment.

Recommendation 12: HMP Kilmarnock should ensure that food is being temperature checked on the halls and records kept.

Recommendation 13: Unit managers (or equivalent grade) should attend and participate in TTM case conferences where an individual had been in a safer cell for 72 hours.

Recommendation 14: Steps should be taken to ensure that all prisoners on TTM are encouraged to have family engagement.

Recommendation 15: In advance of the regular MDMHT meeting a detailed list of all cases to be discussed should be circulated.

Recommendation 16: Action should be taken to reduce the 20 week wait to receive mental health support.

Recommendation 17: HMP Kilmarnock should ensure that the UoF review meeting is always be chaired by the Assistant Director, Security and Operations.

Recommendation 18: in line with SPS practices the authorisation of a Rule 95 should be undertaken by an assistant director or above.

Recommendation 19: HMP Kilmarnock should ensure that engagement with all individuals held on Rule 95 is focussed on the earliest return to mainstream.

Recommendation 20: HMP Kilmarnock should ensure that the Disciplinary Hearing Guidance is added to the Kiosk system.

Recommendation 21: HMP Kilmarnock should ensure that the Human Rights section of the Kiosk system is adjusted to provide 30 seconds for each screen.

Recommendation 22: HMP Kilmarnock should ensure that the SSM process is managed centrally to provide assurance and ensure all review dates are met, with appropriate paperwork provided at every stage.

Recommendation 23: HMP Kilmarnock should undertake a review of search areas to identify suitable areas for conducting body searches with appropriate levels of privacy.

Recommendation 24: HMP Kilmarnock should ensure that appropriate seating is provided to assist individuals during searching.

Recommendation 25: HMP Kilmarnock should review the Valuable Property process to ensure all stages are secure, with auditable assurance processes in place.

Recommendation 26: HMP Kilmarnock should undertake a monthly review of a sample of local risk assessments completed to ensure an individualised approach was taken, with evidence of decision and rationale.

Recommendation 27: HMP Kilmarnock should ensure that a screen or door is fitted in the MDT area to afford privacy to any person being tested.

Recommendation 28: HMP Kilmarnock should ensure there is suitable space available to allow for confidential conversations between staff and prisoners.

Recommendation 29: The actions agreed at PIAC meetings should be shared with all relevant staff where changes are agreed, and their implementation monitored.

Recommendation 30: HMIPS should ensure reports are always provided to the prison to allow them to be shared with prisoners.

Recommendation 31: HMIPS should increase the numbers of IPMs at HMP Kilmarnock.

Recommendation 32: HMP Kilmarnock as a matter of urgency, should put in place a robust and systematic process to identify, test and support all prisoners with an additional learning support need.

Recommendation 33: HMP Kilmarnock should provide a management plan that ensures compliance with Prison Rule 87 at all times and ensure that prisoners are provided with the opportunity to take daily exercise for one hour per day in the open air.

Recommendation 34: HMP Kilmarnock as a matter of some urgency, should reinstate the family induction programme (FACT).

Recommendation 35: HMP Kilmarnock should establish a children and family strategy group that can provide oversight and scrutiny of all local arrangements impacting on prisoners' families and friends.

Recommendation 36: HMP Kilmarnock should look to reinstate 'Play Motivator Visits' and 'Breakfast Clubs' as well as scheduling some themed events going forward through 2022.

Recommendation 37: HMP Kilmarnock should commission a review of the range of information that should be available to prisoners' families and friends in the VC, the VH and on the HMP Kilmarnock website and make significant improvements thereafter.

Recommendation 38: HMP Kilmarnock should make every effort to reinstate the tea bar and the children's play area within the VH as a matter of priority.

Recommendation 39: HMP Kilmarnock should review the role of the key worker and the monthly contact sheet with a view to ensuring that the work underpins case management planning and is fully integrated into ICM and RMT arrangements.

Recommendation 40: HMP Kilmarnock should develop Learning and Development opportunities to support key workers broaden their knowledge, skills and behaviours.

Recommendation 41: SPS Headquarters should take steps to reduce the significant delays to access national specialised intervention programmes.

Recommendation 42: HMP Kilmarnock should ensure that key workers have access to the appropriate information and develop the skills they need to engage and encourage prisoners to take part in making plans to maximise the potential for a successful transition from custody to the community.

Recommendation 43: HMP Kilmarnock should work with key agencies to develop a systematic approach to gathering information about progress and outcomes for prisoners released from prison to maximise the effectiveness of transition support given to prisoners.

Recommendation 44: HMP Kilmarnock should develop a more formal E&D Action Plan and ensure the regularity of meetings of the E&D Committee matches the related SOP.

Recommendation 45: SPS HQ should complete their review and engagement with stakeholders around national policy in relation to the care and treatment of transgender prisoners, and thereafter provide strong support to establishments around implementation of the policy.

Recommendation 46: SPS and HMP Kilmarnock should work together to ensure the contract or other issues do not stifle creativity and prevent improvements being put in place when moving towards the end of the contract and potential handover to the SPS.

Recommendation 47: HMP Kilmarnock must ensure patient confidentiality in assisting patients to complete referral forms where required. In the absence of alternative formats for some services there is a concern that patients may not take the opportunity to self-refer for healthcare.

Recommendation 48: Healthcare staff must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.

Recommendation 49: HMP Kilmarnock must ensure the doors are closed during patient consultations or seek a safe solution to address this.

Recommendation 50: HMP Kilmarnock must consider alternative routes of support for mental health patients, for example, reintroduction of in-cell telephone consultations.

Recommendation 51: HMP Kilmarnock must map out what mental health services they can feasibly deliver with the restraints of space and capacity within the prison.

Recommendation 52: HMP Kilmarnock must ensure solutions are reached to continue the use of in-cell phones for healthcare appointments.

Recommendation 53: HMP Kilmarnock must ensure that care plans are person-centred and outcome-focussed. Staff must work jointly with patients in the writing of their care plans and setting of goals. There must be evidence of the patient's agreement to this plan.

Recommendation 54: HMP Kilmarnock must continue to improve communication between social care provider and healthcare staff to enhance patient outcomes.

Recommendation 55: HMP Kilmarnock must provide secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

Recommendation 56: EAHSCP, the SPS and Serco must provide suitable clinical accommodation to support safe and assessable access to healthcare.

ANNEX B

SUMMARY OF GOOD PRACTICE

Good Practice 1: The food provided at weekends did not differ from that provided during the week, despite longer lock up times.

Good Practice 2: The approach to violence and violence reduction was a promising initiative and should be encouraged.

Good Practice 3: The use of BWCs.

Good Practice 4: Monthly review meeting of UoF with relevant staff attending.

Good Practice 5: The use of the Biometric system to identify “Enemies” or “Keep Separates” in the visit area.

Good Practice 6: Individual recording of all mail items entering the establishment.

Good Practice 7: The Psychology Department and PBSW provide bespoke 1:1 intervention where it was deemed necessary and appropriate through the ICM and RMT arrangements.

Good Practice 8: Weekly CRM meetings, with good engagement from partner agencies, were properly considering the needs of those prisoners who would be released soon.

Good Practice 9: The community ‘navigator’ service was providing valuable informal drug and alcohol support in the prison and links to community-based services.

Good Practice 10: HMP Kilmarnock has made impressive efforts to develop and deliver offence-focussed interventions. They also have coherent plans to do more, notably in relation to domestic abuse. This has all been underpinned by effective interdisciplinary practice.

Good Practice 11: The care and support provided by HMP Kilmarnock for transgender prisoners was impressive.

Good Practice 12: The commitment to a philosophy of continuous improvement through use of the five-step maturity model and journey to excellence, with external accreditation.

Good Practice 13: Inspectors were impressed by the range of activities to recognise and encourage good performance and the robust action to test new staff recruits for drugs.

Good Practice 14: Patients’ past mental health clinical records are reviewed on admission to identify previous and current mental health issues. Individuals identified for OST on admission are automatically referred to the addiction team for an appointment.

Good Practice 15: HMP Kilmarnock’s appointment system which is managed by the Healthcare Administration Team is efficient and well managed.

Good Practice 16: The health centre has a permanent member of Serco staff assigned to this area. Staff reported this enhanced patient flow into the area.

Good Practice 17: HMP Kilmarnock have a comprehensive range of multi-disciplinary staff including a learning disabilities nurse, speech and language therapist, Occupational Therapist, psychiatry and mental health nurses.

Good Practice 18: Reviews of all transfers and admissions into HMP Kilmarnock were discussed at the weekly MDT clinical meeting to identify the most vulnerable and to pick up risk of mental health issues.

Good Practice 19: Nursing staff ensured medication was delivered to patients before they attended court and to those who were being liberated.

Good Practice 20: There has been a move during the pandemic to have patients on in-possession medications and encourage autonomy.

Good Practice 21: HMP Kilmarnock has safe systems in place to identify patients on medication. Patients must present their personal photo ID card and are asked to confirm their SPIN Number in order to receive their medication.

Good Practice 22: Competent witness training was provided for non-clinical staff to enable medication rounds to proceed without delay in the event of staff absence.

Good Practice 23: Good communication was in place between the dental team and healthcare team within HMP Kilmarnock.

Good Practice 24: Nurses are trained in emergency dental triage, using AAA approach (antibiotics, analgesia and advice).

Good Practice 25: TTM case conferences were attended by the Mental Health Team.

Good Practice 26: The SALT is developing easy read and visual guide feedback forms for patients.

Good Practice 27: Prison healthcare staff maintain regular communication with the hospital ward and information is updated onto the patient's electronic medical record. Hospital staff will also confirm the date of discharge back to the prison when known. If a prisoner has been identified as a close contact or tests positive whilst at hospital, this will be communicated to the healthcare team at HMP Kilmarnock.

Good Practice 28: The staff dining room displays aspirations for both staff and management behaviours. This allows staff to voice their concerns anonymously but in a positive fashion and shows commitment from management to hear concerns.

ANNEX C

SUMMARY OF RATINGS

Standard/QI	Standard rating/QI rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Satisfactory
QI 1.2	Generally acceptable
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Generally acceptable
QI 1.8	Satisfactory
QI 1.9	Good
Standard 2 – Decency	Generally acceptable
QI 2.1	Generally acceptable
QI 2.2	Generally acceptable
QI 2.3	Generally acceptable
QI 2.4	Satisfactory
QI 2.5	Generally acceptable
QI 2.6	Generally acceptable
Standard 3 – Personal Safety	Satisfactory
QI 3.1	Generally acceptable
QI 3.2	Satisfactory
QI 3.3	Good
QI 3.4	Satisfactory
QI 3.5	Satisfactory
QI 3.6	Satisfactory
QI 3.7	Generally acceptable
Standard 4 – Effective, Courteous and Humane Exercise of Authority	Generally acceptable
QI 4.1	Satisfactory
QI 4.2	Generally acceptable
QI 4.3	Satisfactory
QI 4.4	Generally acceptable
QI 4.5	Generally acceptable
QI 4.6	Generally acceptable
QI 4.7	Satisfactory
QI 4.8	Generally acceptable
QI 4.9	Good
QI 4.10	Good

Standard 5 – Respect, Autonomy and Protection Against Mistreatment	Satisfactory
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Generally acceptable
QI 5.4	Satisfactory
QI 5.5	Generally acceptable
QI 5.6	Generally acceptable
QI 5.7	Satisfactory
QI 5.8	Satisfactory
Standard 6 – Purposeful Activity	Generally acceptable
QI 6.1	Generally acceptable
QI 6.2	Satisfactory
QI 6.3	Poor
QI 6.4	Satisfactory
QI 6.5	Satisfactory
QI 6.6	Generally acceptable
QI 6.7	Poor
QI 6.8	Satisfactory
QI 6.9	Generally acceptable
QI 6.10	Generally acceptable
QI 6.11	Satisfactory
QI 6.12	Generally acceptable
QI 6.13	Satisfactory
QI 6.14	Generally acceptable
QI 6.15	Satisfactory
Standard 7 – Transitions from Custody into the Community	Generally acceptable
QI 7.1	Generally acceptable
QI 7.2	Satisfactory
QI 7.3	Satisfactory
QI 7.4	Generally acceptable
QI 7.5	Generally acceptable
Standard 8 – Organisational Effectiveness	Satisfactory
QI 8.1	Generally acceptable
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Generally acceptable
QI 8.5	Generally acceptable
QI 8.6	Good
QI 8.7	Good
QI 8.8	Satisfactory

Standard 9 – Health and Wellbeing	Generally acceptable
QI 9.1	Satisfactory
QI 9.2	Satisfactory
QI 9.3	Satisfactory
QI 9.4	Good
QI 9.5	Satisfactory
QI 9.6	Generally acceptable
QI 9.7	Generally acceptable
QI 9.8	Satisfactory
QI 9.9	Unacceptable
QI 9.10	N/A
QI 9.11	Good
QI 9.12	Satisfactory
QI 9.13	Satisfactory
QI 9.14	Good
QI 9.15	Unacceptable
QI 9.16	Satisfactory
QI 9.17	Satisfactory

ANNEX D

HMP KILMARNOCK PRISON POPULATION PROFILE

Status	Number of prisoners	%
Untried Male Adults	135	27.4%
Untried Female Adults	0	-
Untried Male Young Offenders	0	-
Untried Female Young Offenders	0	-
Sentenced Male Adults	352	71.4%
Sentenced Female Adults	0	-
Sentenced Male Young Offenders	0	-
Sentence Female Young Offenders	0	-
Recalled Life Prisoners	6	1.2%
Convicted Prisoners Awaiting Sentencing	35 (33 untried, 3 on other convictions)*	7.1%
Prisoners Awaiting Deportation	7 (2 untried, 5 convicted)*	1.4%
Under 16s	0	-
Civil Prisoners	0	-
Home Detention Curfew (HDC)	2 (On HDC Release)	N/A

Sentence	Number of prisoners	%
Untried/ Remand	135	27.4%
0 – 1 month	1	0.2%
1 – 2 months	0	-
2 – 3 months	0	-
3 – 4 months	1	0.2%
4 – 5 months	7	1.4%
5 – 6 months	2	0.4%
6 months to less than 12 months	39	7.9%
12 months to less than 2 years	73	14.8%
2 years to less than 4 years	77	15.6%
4 years to less than 10 years	90	18.3%
10 years and over (not life)	8	1.6%
Life	53	10.8%
Order for Lifelong Restriction (OLR)	7	1.4%

Age	Number of prisoners	%
Minimum age = 21:	N/A	N/A
Under 21 years	0	0
21 years to 29 years	95	19.3%
30 years to 39 years	208	42.2%
40 years to 49 years	127	25.8%
50 years to 59 years	48	9.7%
60 years to 69 years	10	2.0%
Over 70 years	5	1.0%
Maximum age = 76:	N/A	N/A
Total Number of prisoners	493	

*These figures are already counted amongst the figures for untried and sentenced.

ANNEX E

INSPECTION TEAM

Stephen Sandham, HMIPS

Calum McCarthy, HMIPS

Tom McMurchie, HMIPS

Kerry Love, HMIPS

Ewan Mackenzie, HMIPS

Scott McLellan, SPS

George Webster, SPS

Dr John Bowditch, Education Scotland

Ian Beach, Education Scotland

Ann Kivlin, Education Scotland

Neil Gentleman, Care Inspectorate

Mike Hendry, Care Inspectorate

Catherine Haley, HIS

Lindsay Macphee, HIS

ANNEX F**ACRONYMS USED IN THIS REPORT**

ACP	Advanced Care Planning
ADL	Activities of Daily Life
AGP	Aerosol Generating Procedures
AHP	Allied Health Professionals
BBV	Blood Borne Virus
BICS	British Institute of Cleaning Science
BOSS	Body Orifice Security Scanner
BWC	Body Worn Cameras
CBSW	Community-Based Social Work
CCTV	Closed Circuit Television
CIP	Community Integration Plan
CLIMB	Contract Leadership Manager Builder
C&R	Control and Restraint
CMS	Case Management System
COM	Custody Operational Manager
COSHH	Control of Substances Hazardous to Health
COVID-19	Coronavirus Disease 2019
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CRM	Community Reintegration Meeting
CSRA	Cell Sharing Risk Assessment
DIPLAR	Death in Prison Learning, Audit & Review
EAHSCP	East Ayrshire Health and Social Care Partnership
ECHR	European Convention on Human Rights
ECR	Electronic Control Room
ESOL	English as a Second or Other Language
E&D	Equality and Diversity
FACT	Family and Friends at the Centre of Throughcare
FCO	Family Contact Officer
FLM	First Line Manager
HIS	Healthcare Improvement Scotland

H&S	Health and Safety
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HSCP	Health and Social Care Partnership
ICM	Integrated Case Management
ICT	Information and Communication Technology
IJB	Integration Joint Board
IPC	Infection Prevention and Control
IPM	Independent Prison Monitor
IT	Information Technology
LFD	Lateral Flow Device
MAPPA	Multi-Agency Public Protection Arrangements
MDMHT	Multi-Disciplinary Mental Health Team
MDT	Mandatory Drug Testing
MHT	Mental Health Team
MORS	Management of Offenders at Risk due to any Substance
NPM	National Preventive Mechanism
OBP	Offending Behaviour Programme
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Therapy
PANEL	Participation, Accountability, Non-Discrimination and Equality, Empowerment, Legality
PBSW	Prison Based Social Work
PCF	Prisoner Complaint Form
PCO	Prison Custody Officer
PCR	Polymerase Chain Reaction
PER	Personal Escort Record
PGD	Patient Group Direction
PIAC	Prisoner Information and Activities Committee
PIDS	Perimeter Intrusion Detection System
PMAG	Prisoner Management Advisory Group

PPE	Personal Protective Equipment
PR2	SPS Prisoner Record System – version 2
PTI	Physical Training Instructor
RMT	Risk Management Team
SALT	Speech and Language Therapist
SCQF	Scottish Credit and Qualifications Framework
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsmen
SRU	Segregation and Reintegration Unit
SSM	Special Security Measures
SSOW	Safe Systems of Work
SUT	Substance Use Team
TTCG	Tactical Tasking and Coordination Group
TTM	Talk to Me
UoF	Use of Force
VC	Visitors Centre
VH	Visits Hall
VISION	National Electronic Patient Record System
VMT	Vaccination Management Tool
VP	Valuable Property
WEE	Waste Electrical and Electronic Equipment
WTMD	Walk Through Metal Detector

EVIDENCE REPORT

Standard 1 – Lawful and transparent custody

Quality Indicators

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

Rating: Satisfactory

Due to an outbreak of COVID-19, HMP Kilmarnock were diverting new admissions from court at the time of the inspection. As a result, inspectors were not able to fully assess the overall treatment of new arrivals from court, including whether they understood the process.

However, inspectors were walked through the process by staff and were content that if the processes were followed correctly it would meet the expectations of this quality indicator.

Inspectors also spoke to a number of prisoners throughout the inspection and were satisfied that they had been treated well during the admission process. When questioned, prisoners generally had a good understanding of the process. Albeit most of those spoken to were repeat offenders who were reasonably clear as to the process from past experiences. It was less clear when speaking to those who had been admitted for the first time that they had the same understanding.

Foreign national prisoners reported that they found it difficult to understand the admission process, even with the assistance of translation services, as it was only used for the TTM interview and the healthcare assessment. Although not ideal, they reported that a fellow national who could speak and read English to a good level had assisted them.

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

Rating: Generally acceptable

A welcome pack was provided to prisoners explaining the initial steps to allow a person to settle into prison life, and contained information on the regime. Admission information was available in a number of the most common languages and prisoners could identify their language by indicating on a language matrix. However, the information exchange relied on the prisoner being able to read. Although the information was of a good standard, it was noted that not all staff working in reception were aware of the translated forms. The prison need to address this.

Posters with good information were displayed in the reception holding room walls. An information loop was also available on the wall mounted TVs, offering information on a range of topics that explained aspects of the prison. However, there was no evidence that this information was available in any language other than English.

Where prisoners were given other information leaflets, inspectors were informed that they were available in other languages, but they were not readily available. Possible good practice was a simulator of the Case Management System (CMS) known as the Kiosk. Inspectors were told that a peer supporter gave prisoners a demonstration on how to use the system before leaving reception. This was not observed during the inspection and appeared to be in its early stages of use, as prisoners spoken to could not recollect being shown it before leaving reception.

Recommendation 1: HMP Kilmarnock should ensure that all staff working in reception have full knowledge of the information available to all prisoners.

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

Rating: Satisfactory

A system was in place but was not tested due to HMP Kilmarnock being on 'divert'. See QI 1.1.

Training records were checked and confirmed that the Custody Operational Managers (COM) in reception, the reception administrator (who was supporting the COVID-19 outbreak at the time of the inspection so was not in post) and all Assistant Directors had completed the SPS recognised warrants training. Reception staff were not warrant trained, and although had an awareness of the criteria for a legal warrant, accepting prisoners into the prison was reliant on COMs being available when admissions arrived. HMIPS consider this a risk and ask HMP Kilmarnock to consider arranging warrant training for all staff working in reception.

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

Rating: Satisfactory

The classification of prisoners was not observed during the inspection. However, evidence was provided and sampling of records suggested that the process was appropriate. Inspectors spoke to staff who confirmed that classification was recorded using the recognised critical information such as type of sentence, length of sentence and intelligence, and this was entered on the prison records system (PR2). The information was not only recorded on PR2 but also on the CMS system which allowed prisoners and staff access to critical information more readily.

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

Rating: Satisfactory

Although the admission process was not observed, a number of factors were taken into consideration when allocating a suitable location within the prison. An interview with each admission was held in a room away from the hearing of others to ensure

that confidential information was not overheard. Information was taken from a variety of processes including the interview with the admission, the warrant, personal escort record (PER) form, TTM process and also a reception assessment form, completed by prison and nursing staff. Due to COVID-19 outbreaks over the last few months, inspectors noted that at times prisoners were sent to areas that would not normally be associated with their sentence type, such as convicted prisoners being allocated to remand areas. However, when circumstances allowed, whilst adhering to COVID-19 guidelines, the prison made every effort to relocate the prisoner to the correct area as quickly as possible.

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

Rating: Satisfactory

Most cells within HMP Kilmarnock were single occupancy. However, operational numbers had increased since the contract was signed therefore HMP Kilmarnock now had double occupancy cells. To mitigate any risk while sharing a cell, a CSRA was completed in reception by the COM. Inspectors viewed a number of CSRAs and they were found to be competent. Although at the time of the inspection a change from single to double cell did not take place that could be observed, the explanation of the process was acceptable as an appropriate practice. Any new CSRAs were carried out by the COM. Residential staff questioned on the CSRA process had knowledge of the process but had not completed one.

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

Rating: Generally acceptable

Prisoners were not informed of their critical dates prior to leaving the reception. Instead they were downloaded onto the Kiosk, generally within 24 hours but longer for Friday admissions. This meant prisoners could access this information at any time. However, it was reported that access to and an explanation of how the Kiosk worked was sometimes delayed. Most prisoners spoken to reported that it could be up to a week before they could find someone, generally another prisoner, to assist them to use the Kiosk. No prisoners reported being shown the simulator prior to leaving reception on admission. Where prisoners had a question about their critical dates they had to make a request, which was reported to take an unreasonable time for a response. Prisoners should know their critical dates, if not prior to leaving reception then as quickly as possible thereafter (within 24 hours), and be told by staff so they can question and challenge dates if they think they are incorrect.

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

Rating: Satisfactory

Induction was timetabled every Friday. At the time of the inspection admissions had been suspended, which resulted in induction sessions not running other than to catch-up with admissions that had come in prior to the divert. Although induction was not observed, the Team evidenced a good quality slide presentation with opportunities for prisoners to ask questions. When questioned, prisoners who had attended induction reported that it was well delivered and that they had gained some good information.

It was noted that some prisoners had been in the prison for more than a week before they could attend induction. However, there were mitigating circumstances out with the prisons control due to following COVID-19 outbreak guidelines.

Inspectors only saw one prisoner attend induction during the inspection. Although he had been in for two weeks he had been spoken prior to attending in some depth during his core screen interview. It is during the core screen process that every prisoner is offered an opportunity to attend induction. Whilst some prisoners do attend induction, staff reported that uptake was not great. This was mainly due to it being repeat offenders who had attended on a number of occasions previously or a lack of motivation. Where a prisoner did not wish to attend, a disclaimer was completed and they were offered information with regards to housing, and all were invited to engage in the pre-liberation process. Although some prisoners reported that they had not been asked to attend, cross-checking of records confirmed that they had.

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

Rating: Good

Inspectors followed the liberation process through reception and found an effective process. Each liberation was spoken to by a COM and liberation plans were recapped if one was in place. One of the liberations had bail conditions and the COM went through the conditions to allow the prisoner to be clear on any restrictions. The process was carried out in a safe and respectful way. All five prisoners reported that they had attended the pre-release meeting, and where appropriate, appointments had been made for them.

It was interesting to note that of the five prisoners being liberated, four had been serving under 12 months with the shortest sentence being two months.

Standard 2 – Decency

Quality Indicators

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

Rating: Generally acceptable

The prison buildings were fit-for-purpose and there was a robust maintenance and prevention programme in place. Any issues raised were logged and dealt with efficiently. Prisoners spoken to were clear on how to report maintenance issues and the Facilities Manager attended PIACs to hear about any issues with the building first-hand. Most of the establishment was in need of refurbishment, however at the time of the inspection there were no plans to do so.

One exception to the building being fit-for-purpose was the prisoner reception searching area. It was located within the reception staff office and did not offer sufficient privacy to those being searched. Inspectors observed the door to the office being left open whilst people were being searched and the curtains placed on the outside of the windows could easily be lifted. The searching area was also being used as a storage facility and contained a body scanner that was taking up most of the space. HMP Kilmaronck need to find a more suitable and decent area to search prisoners coming in through reception.

The cell accommodation was again in need of refurbishment. All cells had been designed as single cell occupancy. However, due to increased numbers in the SPS estate the contract had been adjusted to allow an increase in the design capacity. In the cells that were now double occupancy, the single beds had been replaced by bunk beds, which made space tight for two people to live side by side. These cells were not appropriate to allow two people a decent and appropriate environment to live in.

There were two accessible cells in HMP Kilmaronck, which appeared to be a sufficient number for the population at the time of the inspection. The cells were small and also in need of refurbishment. Inspectors spoke to most prisoners with mobility issues and they reported that they had everything they required and access to activities on offer.

Recommendation 2: HMP Kilmaronck should find a more suitable and decent area to search prisoners coming in through reception.

Recommendation 3: SPS HQ should revisit the design capacity of HMP Kilmaronck as the cells were too small to allow two people a decent and appropriate environment to live in.

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

Rating: Generally acceptable

HMP Kilmarlock had good levels of cleanliness throughout the establishment, with the exception of the Health Centre that will be reported on under Standard 9. There were cleaning schedules in place and the appropriate cleaning materials were being used.

Due to the outbreak of COVID-19 at the time of the visit, the cleaning work party consisted of the cleaning manager and an officer from one of the closed work sheds. There had been an additional four prisoners from C Hall assisting but they were isolating at the time of the inspection. The cleaning manager informed inspectors that they received on the job training. Civilian cleaners were employed to clean the admin area, Links Centre and gym.

No prisoners had received British Institute of Cleaning Science (BICS) training and there were inconsistencies in training being provided to pass men cleaning the residential areas. Of the pass men spoken to some had received Control of Substances Hazardous to Health (COSHH) training, some had officers or other pass men show them what to do, some had not received anything at all and no formal training was in place. Inspectors were shown a cleaning pass man training booklet that was dated 2016 and talked about pass men induction training taking place in the Vocational Training Workplace. This did not appear to be in effect and the cleaning manager confirmed that she did not train pass men.

The cleaning manager undertook any biohazard cleaning and there were four additional trained prisoners who could be called upon to assist if required.

There were sufficient cleaning materials on the halls and prisoners spoken to were given sufficient time to maintain their personal living area.

Recommendation 4: HMP Kilmarlock should ensure that all staff responsible for cleaning the establishment receive the necessary training.

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

Rating: Generally acceptable

Of the cells inspected, prisoners' beds, mattresses and bedding were in good condition. The last SPS Audit reported that some of the mattresses and pillows were thin and that the pillows were not in a good condition. HMP Kilmarlock have now replaced all of the mattresses and they are on an 18 month rolling replacement programme. Inspectors were told they were about to commence a two year rolling

replacement programme for pillows and duvets. Prisoners knew the process for requesting replacement bedding and there were sufficient stocks available.

Each residential hall had its own laundry room and laundry pass man. The pass man laundered mainly personal clothing and bedding, but also prison issued items on occasion and returned them to the stores or reception. Inspectors could not be sure that bedding was being laundered regularly as prisoners decided for themselves if and when they wanted it washed.

Another concern was that the laundry pass men had not received any formal training. It is accepted that the process is quite straightforward but they should receive health and safety training as a minimum. There were inconsistent practices across the halls, with some pass men washing items belonging to those who had either tested positive for COVID-19 or were isolating at 40 rather than the agreed 65 degrees, and they were not wearing appropriate Personal Protective Equipment (PPE).

There was a small prison laundry in HMP Kilmarnock, with only three washing machines and two dryers and one of each were not working to full capacity. It laundered prison issued clothing that came from the gym and some from the halls. They also laundered for the SRU as their hall laundry was very small. Inspectors were informed that they had washed personal laundry in the past but items were going missing so they stopped. There were eight prisoners in the laundry work party. Inspectors were informed that items belonging to those who had either tested positive for COVID-19 or were isolating were placed in biohazard bags and washed at 120 degrees. The people washing it wore appropriate PPE including aprons and over-sleeves. Inspectors confirmed that all prisoners working in the prison laundry had received appropriate training. There was a process to replace items that had fallen into disrepair, and inspectors were informed that when they did prison issued laundry for the halls it was often in quite poor condition.

Four prisoners were present when inspectors visited and they were told that when the full work party of eight were present it was difficult to keep them occupied. When not laundering they did some metal work and made up tea packs but there was lots of down time. Inspectors were pleased to see a prisoner from the SRU working there as part of his management plan and benefiting from it.

Recommendation 5: HMP Kilmarnock should ensure that laundry pass men receive appropriate training.

Recommendation 6: HMP Kilmarnock need to add structure to the hall laundry process to ensure bedding is regularly cleaned to provide good hygiene.

Recommendation 7: HMP Kilmarnock should consider making more use of the prison laundry in order to keep the work party busy and ensure the correct processes are followed in relation to Recommendations 4 and 5.

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

Rating: Satisfactory

New admissions to HMP Kilmarnock were provided with a hygiene pack on arrival, and there were sufficient stocks of toiletries and personal hygiene products on the halls, with emergency stocks held in the main stores. The canteen provided a range of toiletries to suit to all budgets. PIACs were taking place on a regular basis to allow prisoners to participate in discussions on the range available, and the canteen manager attended them. HMP Kilmarnock may wish to review the vegan friendly products available, as prisoners spoken to who followed a vegan diet reported they could not buy vegan shampoo from the canteen and they required fluoride-free toothpaste.

Every cell had appropriate toilet facilities but no shower, with the exception of the accessible cells. Each hall had a communal shower block with eight showers. Prisoners spoken to reported that they were offered a shower daily. Those isolating due to COVID-19 reported that they were being offered a shower every second day.

An issue with the toilets not working properly in work shed Unit 6 was reported to inspectors and needs to be addressed as soon as possible.

A sufficient number of towels were provided and regularly laundered.

Recommendation 8: HMP Kilmarnock should investigate the issue with the toilets not working properly in work shed Unit 6 as soon as possible.

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

Rating: Generally acceptable

There were sufficient stocks of prison issued clothing in all sizes held in reception, with emergency stocks held in the main store room. This included outside clothing and work clothing. There had been an issue with the supply of safer clothing for a period of time but it was now available in all sizes.

Prisoners were permitted to wear their own clothing in residential areas to allow them to maintain a sense of personal identity.

Prisoners and the laundry manager reported to inspectors that there was a shortage of fleeces. However, this appeared to be either a breakdown of communication or an issue with ordering as the Store Manager confirmed there were sufficient stocks available. Inspectors did not see the stock.

See QI 2.3 re the laundering of bedding and training provided, as the same process and recommendations apply to clothing.

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

Rating: Generally acceptable

At the time of the inspection the kitchen was manned mainly by staff due to the number of prisoners in isolation following an outbreak of COVID-19. At full capacity the kitchen work party had around 23 prisoners, but during the visit there was a maximum of five prisoners and three staff. The prison had been unable to provide necessary food hygiene training; therefore, prisoners were undertaking basic tasks under supervision. All prison kitchen staff were appropriately trained.

Prisoners ordered their meals via the Kiosk system and gave mixed views about the food being provided at HMP Kilmarnock. Most were content with the choices being offered but there were mixed reviews regarding the quality, and they reported this was an issue prior to the outbreak. Prisoners reported food being soggy. Inspectors witnessed the food trolleys being sent to the halls as close to meal times as possible. All of the trolleys were new and there was the facility to plug them in at the hall serveries. Prisoners would like to see fresh soup rather than packet soup back on the menu, but inspectors accepted that it was temporarily off the menu whilst the kitchen work party was reduced. The Catering Manager informed inspectors that they were trying to incorporate the produce from the soup into other dishes on the menu to maintain the nutritional value. Additional fruit juice and fruit was being provided. Prisoners spoken to would prefer a daily hot option for lunch rather than a sandwich three days per week.

The establishment had a set four-week cycle menu in place due to the outbreak, rather than going between the summer and winter menu. There were no changes to the meals provided at weekends to accommodate the longer lock-up times which was positive. There was no separate menu for those who followed a vegetarian, vegan or halal diet, as a decision had been taken to incorporate their choices into the main menu. However, this had resulted in prisoners following a vegan diet not being offered a choice. They did not have access to the food menu on the Kiosk system and there was only one vegan choice each meal time. Therefore, if it was something they did not like there was no other option available. Inspectors noted that they were provided with a weekly vegan pack that contained nuts and oats but prisoners reported that it was not enough, and some reported that they were spending lots of money on nuts from the canteen. Inspectors noted that there were no emblems on the canteen list to highlight vegan options which made it difficult for prisoners to know what they could order. Members of the kitchen staff met with prisoners on a one-to-one basis who had been placed on a special diet.

Inspectors were informed that the prison was adopting the national Serco menu. They will also move onto SAFFRON by the end of November and revert to a summer and winter menu.

There were safe processes in place for serving food to those who had tested positive for COVID-19 or were in isolation. There were inconsistencies in the PPE worn by prisoners working in the servery area, mainly around not wearing appropriate footwear.

Food was being temperature checked and records kept in the main kitchen. This was not being done consistently on the halls and new paperwork had been drawn-up by the Catering Manager to help address this.

PIACs were taking place regularly despite the COVID-19 outbreaks which was positive and the Catering Manager attended them. There were PIAC reps on each hall and minutes of meetings were shared on the Kiosk system. There were 28 PCF1s received between April to October 2021 and the only reoccurring complaint about the food provided was in relation to stopping fresh soup.

The Catering Team tried to organise regular food theme nights and add new items to the canteen list for, for example, Halloween and Christmas. Posters were put on the Kiosk system to make prisoners aware.

Recommendation 9: HMP Kilmarnock should review the food being provided to prisoners who follow a vegan diet to provide them with more than once choice at meal times.

Recommendation 10: HMP Kilmarnock should update the canteen list on the Kiosk system to make clear what products are available to those with dietary, cultural or religious needs.

Recommendation 11: HMP Kilmarnock should ensure that appropriate clothing is worn in the servery areas throughout the establishment.

Recommendation 12: HMP Kilmarnock should ensure that food is being temperature checked on the halls and records kept.

Good Practice 1: The food provided at weekends did not differ from that provided during the week, despite longer lock-up times.

Standard 3 – Personal Safety

Quality Indicators

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

Rating: Generally acceptable

The establishment had well embedded processes which supported the delivery of the TTM process. All key partners were engaged, trained and fully supportive of the process.

During the inspection, historic and current case documentation was reviewed. In most cases there were recurrent themes in that TTM case files were not always being signed at the relevant times. Reception risk assessments were also reviewed and again there were some minor omissions by staff when annotating the documentation. It was also noted that family engagement was frequently recorded as N/A and there was limited evidence of any family engagement in the process.

Safer cells were visited and were clean, tidy and well maintained and there appeared ample stock of safer clothing in a variety of sizes. However, it was noted that there were no fire evacuation notices within any of the safer cells visited. This was rectified quickly by the establishment management.

Inspectors' attended one TTM case conference. All staff participating in the case conference were highly skilled, motivated and positive about the process.

All TTM documentation was reviewed weekly by the local co-ordinator. The process was supported by a Senior Leadership Meeting which reviewed all aspects of the process on a regular basis.

Inspectors were concerned that in cases where an individual has been in a safer cell for 72 hours, it was not routine for Unit Managers (or relevant grades) to attend the case conference.

Recommendation 13: Unit managers (or equivalent grade) should attend and participate in TTM case conferences where an individual had been in a safer cell for 72 hours.

Recommendation 14: Steps should be taken to ensure that all prisoners on TTM are encouraged to have family engagement.

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

Rating: Satisfactory

Prisoners were managed in a professional and competent manner across the establishment. There were a number of processes and access to specialist equipment that supported vulnerable individuals. These included MDMHT, access to education, a local responsive Psychology Department, NHS mental health and addiction services. There was also easy access to the Samaritans helpline via the in-cell telephone system.

Inspectors noted that all prisoners had access to the Kiosk system which allowed them access to a variety of information and to self-book appointments, etc. This system had the facility for individuals to select a language (other than English) and the information was translated. Staff also had access to translator services.

Within the education department, individuals attending classes completed a profiler tool which allowed prisoners to self-disclose identified learning difficulties/additional support needs, although few prisoners did so.

During the inspection the MDMHT meeting was observed (via Microsoft Teams) and all relevant partners were in attendance and engaged. The meeting appeared to focus on individuals who had complex mental health issues and were vulnerable. However, Inspectors noted that there was no advanced notice of new cases, which could hinder the level of discussion and ultimately undermine the policy intent.

The operational staff present had a good knowledge of the individuals in their care and how to manage them. There was a good level of knowledge regarding local processes/avenues to refer prisoners to.

Inspectors were advised that there was approximately a 20 week wait to receive mental health support.

Recommendation 15: In advance of the regular MDMHT meeting a detailed list of all cases to be discussed should be circulated.

Recommendation 16: Action should be taken to reduce the 20 week wait to receive mental health support.

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

Rating: Good

The establishment had a range of processes for the management of violence and subversive activities.

The establishment followed the SPS Intelligence Framework and had a current strategic threat assessment which identified the current threats within the establishment. Monthly Tactical Tasking Co-ordination Group meetings (TTCG) were held and were attended by the appropriate senior leaders. This meeting directed resources and highlighted actions and tasks that were generated to address both emerging themes and risks.

The establishment had a well-embedded Intelligence Unit, which was well supported by very high levels of intelligence reports being submitted.

In addition, the establishment had a variety of tools which supported the establishment to maintain constant deterrent actions. These include Walk Through Metal Detectors (WTMD), drug detection dogs, Rapiscan ioniser detectors, hand held metal detectors, cell sense and body orifice security scanner (BOSS) chairs. This combined with a variety of searching activities assisted in the reduction of risk within the establishment.

It was noted that the establishment had invested in a full body scanner which was located within the establishment's main reception. However, it was not being used as there was no agreement between the SPS and Serco on its introduction. Furthermore, it was noted that its location within the body search area had compromised the search area, with the result that body searches were not completed in the designated area. See QI 2.1 for more details.

As mentioned in Standard 1, the establishment ran a tandem electronic prisoner CMS to PR2. One of the features of this system was the use of fingerprint recognition which aided a variety of processes ranging from accessing and booking visits, access to the gym, canteen orders, etc. This system also allowed for an optimised mechanism to control "Must be Separates" across the establishment.

Inspectors observed the appropriate use of Rule 95, Rule 41 and Rule 40A. These were being used to restrict individuals for a variety of reasons, and in all cases the process was being followed as stipulated.

The SMT had developed a Safer Custody Violence Reduction Approach. This involved a strategic group managing seven active strands which included: Violence Reduction; Self Harm and Suicide; Substance Misuse; Culture; Trauma and Mental Health; SRU and Tactical Tasking. Although relatively new and not fully signed off, this represented an interesting and co-ordinated approach to reduce the risk of violence on a holistic approach.

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

Rating: Satisfactory

There was a well-established approach to managing all instances of violence and bullying. These instances were appropriately investigated and action taken to

reduce the risk. The actions included separating the individuals, the use of management sanctions and the support of vulnerable individuals. During the inspection, inspectors observed the appropriate use of Rule 95, Rule 41 and Rule 40A and in all cases the process was being followed as stipulated.

The establishment's approach to violence and bullying was co-ordinated by a Violence Reduction Meeting. This meeting co-ordinated and targeted the approach to instances of violence, with every instance of violence being reviewed on a weekly basis. See QI 3.3 re the Safer Custody Violence Reduction Approach that ensured a coordinated approach to reduce the risk of violence was taken.

Across the establishment there were numerous posters and literature raising awareness of the establishments approach to violence reduction and it was covered within the prisoner induction programme.

Good Practice 2: The approach to violence and violence reduction was a promising initiative and should be encouraged.

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

Rating: Satisfactory

Bullying was managed as a sub-section of the establishment's Safer Custody Violence Reduction Structure. The establishment had a comprehensive Standard Operating Procedure (SOP) which detailed how all matters of violence would be managed, with any complaint/allegation of bullying being managed under this policy. The establishment did not use the "SPS Think Twice approach".

All instances of bullying that were reported or seen resulted in a member of staff interviewing the victim and alleged perpetrator. Care would be taken to minimise the risk to the victim and where possible staff would refer to observed behaviours.

The establishment had a range of sanctions that could be applied in cases where an individual was found to have been bullying other prisoners.

There were posters displayed across the establishment that highlight the subject matter and during prisoners' induction the process was explained.

The establishment's Safer Custody Meeting, which meets bi-monthly, had oversight of all aspects of violence and recognised that these issues were linked with violence being the output. The Deputy Director led on this and this level of authority provided a clear example of how serious the establishment considered the subject of violence reduction.

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

Rating: Satisfactory

The establishment had a well-developed set of contingency plans/arrangements that set out their responses to a variety of emerging situations/emergencies.

Every operational person carried a personal radio which had a personal alarm function included. There were also static alarm activation points available for those who did not carry personal radios. The alarms were tested weekly as part of the routine nightshift duties.

The establishment had a pre-set and designated alarm response protocol. This included first response and secondary response levels if required. The protocol was well-established and widely communicated to all staff. During the inspection it was observed to be fully functioning and appropriate for the establishment.

All Perimeter Intrusion Detection System (PIDS), X-ray, walk through and hand-held metal detectors, along with a BOSS chair were appropriately maintained.

The establishment had sufficient specialist equipment and trained staff to fully comply with its type one status.

A range of evidence was seen and observations made that reinforced well established and thought through processes that met the needs of the establishment, with the goal of making the establishment a safe place to work and live.

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

Rating: Generally acceptable

The establishment had the required H&S structures and processes in place. This included a Senior Management Health, Safety and Fire Meeting structure. The meetings were supported by senior management H&S inspections. At the time of our inspection, the position of H&S Co-ordinator was being covered on a temporary basis by a H&S representative from another establishment. This individual was competent and skilled to the appropriate H&S qualifications.

A range of risk assessments were viewed and found to be competent. The assessments had been translated into processes which were followed. The inspection inspectors viewed a range of Safe Systems of Work (SSOW) and SOPs that had been adjusted for COVID-19 which were available to staff on the CMS.

A range of safety posters/notices were available for staff/prisoners and visitors across the establishment.

A review of the statistical evidence highlighted that good progress had been made to reduce accidents/near misses/incidents.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

Quality Indicators

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

Rating: Satisfactory

The UoF was not observed during the inspection. The Assistant Director, Security and Operations, was the responsible and accountable person for UoF within HMP Kilmarnock. All control and restraint UoF forms were reviewed by the Assistant Director, Security and Operations, and this included video footage of any planned removals. There was clear evidence that planned removals were recorded regularly and using a hand held device. All spontaneous Control & Restraint (C&R) incidents were generally captured on Closed Circuit Television (CCTV). CCTV footage was of a very good quality and good coverage was available throughout the prison. It was not in the cells, but in some cases cell incidents were captured due to staff wearing a BWC, which was a great advantage of wearing such a device.

A UoF meeting was held monthly and whilst normally chaired by the Assistant Director, Security and Operations this was not always the case. The Security Manager, Duty Manager and C&R instructor also attended these meetings. Each incident where UoF was used was closely scrutinised by the team. Any gaps or poor practice was either dealt with by e-mail to all COMs or if more serious the Assistant Director spoke to staff face-to-face.

The UoF forms were kept along with a minute that included action points where appropriate by the prison audit team. Inspectors sat in on a UoF meeting that scrutinised a variety of both spontaneous and planned removals. The process was extremely robust and was deemed as good practice. Inspectors reviewed footage of removals and were satisfied that appropriate measures were in place, and the UoF was proportionate and reasonable. One observation was that on many of the incidents reviewed, there appeared to be more staff attending the incident than were required. It included nursing staff, an issue that had been highlighted by the Assistant Director to COMs and the NHS manager. When UoF had been administered, forms were completed by all staff involved, including NHS staff, with CCTV or BWC footage being stored safely within the prison IT system. Any learning points, however, were not transferred onto the UoF paperwork and no comments recorded to identify any learning outcomes or follow up actions by the Assistant Director, Security and Operations.

The new reporting policy was embedded with the most recent paperwork in use. Inspectors reviewed a large number of UoF forms and were satisfied that de-escalation was used appropriately by staff when afforded the opportunity to do so. All examples looked at were authorised at COM level despite the availability of a Controller. The Assistant Director, Security and Operations was able to talk through the incidences of UoF and was familiar with the policy, procedures and practices.

Good Practice 3: The use of BWCs.

Good Practice 4: Monthly review meeting of UoF with relevant staff attending.

Recommendation 17: HMP Kilmarnock should ensure that the UoF review meeting is always be chaired by the Assistant Director, Security and Operations.

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

Rating: Generally acceptable

The SRU at HMP Kilmarnock could accommodate 16 prisoners for those being held under Rule 95 or Rule 41. There were no individuals held on refusal to return to mainstream conditions nor self-isolating. There was an identified regime in place for the SRU.

At the time of the inspection, one prisoner had been held within the SRU under Rule 95 for a period of six months. There were also several other identified cases where individuals had been held for over three months, and only returned to mainstream conditions following unsuccessful referral to the Prisoner Management Advisory Group (PMAG). In most instances Rule 95 was authorised by a COM. It is the view of HMIPS that this should be carried out by an Assistant Director which reflects the practice in SPS prisons.

There were a large number of prisoners held on Rule 95. Paperwork was completed to a satisfactory standard, with the exception of the authorising level of manager. Inspectors attended a Rule 95 and a Rule 41 case conference during the inspection. They had a multi-disciplinary approach, with both mental health and psychology staff in attendance along with prison staff and the prisoner. They were well chaired, with the prisoners in both case conferences being offered several opportunities to contribute to proceedings along with those present, which created a supportive environment with the needs of the individuals considered and included in the care plan.

Distraction packs provided by the Education Department were available in the SRU.

Recommendation 18: In line with SPS practices the authorisation of a Rule 95 should be undertaken by an Assistant Director or above.

Recommendation 19: HMP Kilmarnock should ensure that engagement with all individuals held on Rule 95 is focused on the earliest return to mainstream.

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

Rating: Satisfactory

Inspectors observed one orderly room during the inspection involving two prisoners with a total of eleven charges. The hearings were held in the SRU and undertaken in a professional manner by the Adjudicator (SPS Controller). It was held in an appropriate area out of sight of other prisoners. There was a calm approach taken, and it was observed that the Adjudicator knew both prisoners and made them feel at ease while continuing in a manner formal enough to reflect the circumstances of the report. Each individual prisoner was offered the opportunity of a comfort break due to the large number of charges they faced. The hearing had one COM in attendance and two officers to support the process, and the hearing offered ample opportunities for the prisoner to contribute at the appropriate occasions. The Adjudicator clearly listened to and considered all contributions. At the end of the process, the prisoner was advised on the appeal procedure if he was not in agreement with the punishment or any other matter relating to the orderly room. The process was not rushed and care was taken to ensure that the details of the orderly room were captured and discussed with the prisoner.

The paperwork inspected evidenced that the orderly room process was carried out effectively with all sections completed. From the samples reviewed, the majority of orderly room paperwork had a detailed record of the hearings and there was evidence to support the finding of the hearing. It was noted within the paperwork inspected that prisoners had been given the opportunity to call witnesses when required. This was also observed at the orderly rooms inspectors attended. All adjudications witnessed offered the prisoner the opportunity to present any mitigation. Prison Rules were available on the Kiosk system, however on inspection the system was not operating correctly and did not provide the same level of access in line with other aspects of the system. Disciplinary Hearing Guidance was available in hard copy but required to be requested from staff and was not available on the Kiosk system.

Recommendation 20: HMP Kilmaronock should ensure that the Disciplinary Hearing Guidance is added to the Kiosk system.

Recommendation 21: HMP Kilmaronock should ensure that the Human Rights section of the Kiosk system is adjusted to provide 30 seconds for each screen.

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

Rating: Generally acceptable

At the time of the inspection there were no live SSM in place for any prisoner for HMIPS to check. The system had been introduced in the previous three months to replace the previous system of SSoW. A number of individuals had been subject to the SSM process during that period. Inspectors were satisfied that the cases reviewed were appropriate in the application of security measures for those

individuals who had shown a level of violence. However, on review of the documentation and discussion with staff it was clear further work required to be undertaken in the application of the system. Each area was responsible for the application of SSM, with COMs signing off the majority of applications reviewed. There was a lack of central co-ordination and assurance measures to ensure effective operation of the process. The local SOP identified a six-month review period for SSM and this should be amended to reflect the maximum two-month review period. The local SOP also referred to a specific folder of relevant information for those on SSM, however on request neither hall was able to provide an example. None of the paperwork checked included prisoner representations, with all applications noting either no record at all or a record of prisoners not wishing to comment. Several forms were missing prisoner signatures and there was no record of the prisoner being informed when they had been removed from SSM.

Recommendation 22: HMP Kilmarnock should ensure that the SSM process is managed centrally to provide assurance and ensure all review dates are met, with appropriate paperwork provided at every stage.

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

Rating: Generally acceptable

The Assistant Director, Security and Operations was the accountable senior manager for searching within the establishment. Inspectors observed several body searches being carried out on prisoners across the establishment as part of the admission process, visits searching, route movement and cell searches. The staff who worked in reception had a professional manner and were able to explain the processes courteously to prisoners being admitted and escorted externally. Staff who completed the searches ensured they were carried out in accordance with the rules and policy. An area of major concern during the inspection was the location where searching took place. See QI 2.1 for more details. In addition to what has already been said, no signage or communication was in place to identify that a search was being carried out within the area.

The search observed in the visit area was of a good quality and complied fully with standards, with privacy maintained throughout. The one area of concern was there was no seat available which resulted in an elderly gentlemen having to sit on the floor to tie his shoe laces.

It was observed that photocopies of property cards were provided to residential areas so that cell searching could be carried out. This was seen as a regular occurrence and staff within reception and residential areas could explain the process. There was a search box stored within the residential manager's office which accompanied staff to the search area. The box contained appropriate bags to store any productions that were found during the search. The residential manager was able to explain the search process relating to the chain of custody for productions and the process and procedures in place to manage items. Staff carrying out the search were thorough and methodical in their methods and ensured the cell remained tidy following the search.

The process for handing property out was managed well with an effective process in place. The reception officer ensured that the visitor was aware that there was property waiting to be handed out by personally going to the visit room to speak with the prisoner and his visitor.

Searching on the route was observed on a number of occasions, with a consistent and methodical approach ensuring all individuals were rubbed down before passing through a WTMD. Any individual who set off an alarm was requested to remove any potential trigger and return through the WTMD. All bags were also searched thoroughly by staff. Body searching individuals off the route raised concerns in relation to location, with one search observed taking place at the entrance to the SRU and another within a corridor. Neither area was secure and could easily have been accessed.

Recommendation 23: HMP Kilmarnock should undertake a review of search areas to identify suitable areas for conducting body searches with appropriate levels of privacy.

Recommendation 24: HMP Kilmarnock should ensure that appropriate seating is provided to assist individuals during searching.

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

Rating: Generally acceptable

The reception within HMP Kilmarnock had adequate storage facilities. Upon admission to custody, all property was recorded in front of the prisoner to ensure that the correct property was stored and accounted for. All property cards sampled were accurately signed and completed and reflected property held. At the time of inspection, HMP Kilmarnock were in the process of converting all property to an electronic system linked to the Kiosk. The Kiosk system provided information regarding Articles Permitted in Use. Pro formas clearly identified property limits and these limits were applied consistently across all prisoners. Access varied dependent on progression level; Basic level allowed access to a pro forma every 30 days, Standard every 15 days and Enhanced level every 10 days. Pro formas were not readily available in the hall wings with individuals having to request them from staff when required. There was evidence of prisoner involvement in PIACs, with one meeting for each hall scheduled to take place fortnightly. There was no specific meeting to review property issues.

An area of concern was the management of VP. No clear guidance was available to staff at the time of inspection. VP was removed on admission by reception staff. Property was recorded on the individual's card but was not always itemised as VP. It was subsequently held overnight to be passed to the Accounts Department the following morning. The Accounts Department stored the items in a locked cabinet within their office. On the day of inspection, the VP bag was delivered but was unsealed and not secured with a unique identifying tag. On receipt, no record was taken as to the contents of the bag and no photographic evidence was kept.

Three further VP cards were sampled with the correct seals recorded on two of the three. No itemised record of the contents was available. The third card was initially unable to be matched to a VP bag as the individual had been liberated three months previously, and again no contents were listed. An audit of seals had been carried out.

Inspectors observed that all cash was accounted for during the admission process and a receipt was issued to the prisoner. This was transferred to office staff who entered monies on the system the following day. A SOP was in place for the reception and admission process.

A compensation process was in place which reviewed all claims. The complaints for loss of property were processed through the Prisoner Complaint Form (PCF) system. Those claims raised had been investigated and findings were recorded.

Recommendation 25: HMP Kilmaronock should review the VP process to ensure all stages are secure, with auditable assurance processes in place.

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

Rating: Satisfactory

Inspectors observed a number of contracted escorts arriving and leaving the prison over the inspection period but did not observe any escorts staffed by the establishment. Escort paperwork was sampled by inspectors who reviewed PERs and local risk assessments. The PERs and risk assessments were individualised to the prisoner under escort and the risk that they posed. Staff within the reception and the COMs were able to explain the process for both contracted and Serco escorts. Inspectors observed that procedures were in place when a Serco escort was required. The COMs were responsible for briefing staff and were able to explain what the briefing entailed, and ensured that signatures from both members of staff were obtained to say that they had been briefed. Inspectors sampled a number of local risk assessments which clearly identified an individualised approach to risk assessment had been taken for prisoners out on escort. There was no evidence to indicate a monthly audit was undertaken on the risk assessment forms to ensure defensible decisions had been made. Risk assessments were available for staff for those locations which were used regularly by Serco Escorting staff, though this was last reviewed in 2019. Where prisoners were admitted at hospital, their next-of-kin, where approved, were informed of the individual being detained.

Recommendation 26: HMP Kilmaronock should undertake a monthly review of a sample of local risk assessments completed to ensure an individualised approach was taken, with evidence of decision and rationale.

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

Rating: Generally acceptable

Head of Offender Outcomes was the accountable senior manager for the testing of prisoners for controlled drugs policy. There was a SOP in place for this process. The establishment did not carry out alcohol testing on prisoners. There was one member of the Mandatory Drug Testing (MDT) staff who was absent at the time of inspection. Further trained staff were released as required to support MDT as a secondary duty. The processes and procedures that were in place meant that any officer who was trained in testing could work within this area. An MDT Guidance Manual was in place within the testing area for staff to refer to. The policy ensured that during testing there was no involvement from the wing staff of those who were subject to testing. Within 2021, 126 MDTs were carried out for risk assessment and suspicion testing, as well as some intelligence-led testing. Records were provided for the previous three months. The statistics gathered from the MDT area were discussed at the TTCG. The testing area was used exclusively for MDT and was located within the reception area. On inspection there was no screen/stable door on the testing area to afford any privacy and this should be rectified. The Management of Offenders at Risk due to any Substance (MORS) had been applied on 155 occasions since January 2021.

Recommendation 27: HMP Kilmarnock should ensure that a screen or door is fitted in the MDT area to afford privacy to any person being tested.

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

Rating: Good

Inspectors observed the route movement on a number of occasions. The Regimes Manager was in charge of the route and ensured that numbers checks were accurate after each movement. Inspectors observed numbers checks being carried out throughout the day. It was noted that the route movement was orderly, concise and moved on time in a controlled manner. It was well-established and both staff and prisoners had a good understanding of the process. Numbers of prisoners on the route was reasonable considering the high number of halls locked down due to COVID-19 outbreaks. All prisoners were given a rub down search on returning from activities which was methodical and highly organised. Any items that were carried on the route by prisoners were searched individually by the staff at the WTMD. Inspectors witnessed individuals who breached the WTMD alarm being asked to remove any offending item and to return through the WTMD to provide a clear indication. Access to open air was also managed in a controlled fashion, direct from the wing out to exercise areas exclusive to each wing.

There was a good range of internal CCTV coverage within the ECR with clear picture quality, enabling staff to identify individuals if required. The supervision and tracking of movement was supported by the ECR staff who monitored movement through

CCTV. Staff working in the ECR were able to explain the process for monitoring any suspicious activity during the movement of prisoners throughout the prison.

Biometric systems were also in place to monitor prisoner movement through the establishment, and within the visits area they refused access where an inter-personal issue existed between two individuals.

Good Practice 5: The use of the Biometric system to identify “Enemies” or “Keep Separates” in the visit area.

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

Rating: Good

The ECR was staffed by two members of staff who monitored the cameras for the prison. The CCTV coverage was clear both internal and external to the prison. CCTV and light checks were undertaken by night shift staff and records were in place to support this. The staff members in the ECR were able to describe the security alarms in place and what to do if an alarm was triggered. Perimeter patrols were carried out by operations staff periodically throughout the day. Three routes were patrolled with an external, internal and third patrol between the inner fence and outer wall conducted twice per day. Inspectors observed that all patrol routes around the prison were clear to walk round. There were records in place to support that patrols were being carried out regularly, however this was not signed for every patrol. PIDS checks were carried out daily by staff and signed for. Prison Watch signs were in place external to the prison.

Vehicles were searched on entry and exit to the prison using the appropriate equipment. Staff were requested, when required, from other areas to assist searching of vehicles, drivers and passengers. Vehicles were then escorted to their destination. Any deliveries were stored within the vehicle lock in a suitable weather fast store. Staff and visitors entering the prison were searched in accordance with policy and there were lockers available for valuables to be stored within the vestibule area. Staff who worked in this area were polite and courteous to staff and visitors and fully understood the importance of their roles. The admission process included the use of drug dogs.

From October 2020 to September 2021, there were 757 items of mail identified as being contaminated with drugs stopped from entering the establishment, and where appropriate were referred to Police Scotland. The Production Officer, in the absence of the mail administrator, was responsible for screening the mail and ensuring it was delivered subject to security processes. The area was secured prior to items being X-rayed and this was followed up by the deployment of a drug dog. Any suspicious mail or targeted mail was then subject to a Rapiscan Itemiser test. The mail process was robust and accounted for all prisoner mail entering the establishment, with all items individually recorded. Any item withheld was supported by paperwork, which was provided to the receiver to explain the reason for withholding it. The current process did not include secondary managerial assurance of items prior to delivery, and this should be included in the process. Staff were cognisant of confidential mail

processes and were able to talk to them, with instructions also available for identifying and managing these items.

An inspector undertook a night visit and witnessed a good comprehensive handover from the Duty COM to the nightshift COM. The ratifying of prison numbers, the securing of the prison and night shift checks were all carried out to a good standard.

Good Practice 6: Individual recording of all mail items entering the establishment.

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

Quality Indicators

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

Rating: Satisfactory

There was evidence of good processes for sharing critical information with prisoners regarding family members, for example following the death of a family member. This generally happened in a sensitive way. However, the halls did not have enough suitable space available for staff to talk to prisoners in confidence, and they had to make use of the staff office or the small gym and recreation areas. Families attended open days as well as adapted visit sessions. The opportunity to attend TTM case conferences was presented but there was no recent evidence that families attended.

There was no record of emergency phone use, however prisoners spoken to said it had not been an issue for them.

Inspectors were pleased to find in-cell phones, and prisoners spoken to were pleased to have this option available to them to maintain contact with family members. Prisoners were able to pass on information to family members and were supported in doing so when necessary.

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

Rating: Satisfactory

Staff and prisoner relations at HMP Kilmarnock appeared generally positive and could be described as relaxed. Most prisoners and staff were on first name terms.

Prisoners spoke positively of their relationship with staff and all prisoners interviewed used the same or similar description of their circumstances; they felt safe in HMP Kilmarnock and the atmosphere on the halls was generally relaxed.

Staff spoken to were aware of the prisoners on their hall and their individual needs. When inspectors asked to speak to specific prisoners, staff were aware of their cell location and their whereabouts in the prison. Staff did not shout to attract the attention of prisoners but sought them out and conversations observed were respectful.

The majority of prisoners spoken to knew their key worker and this was confirmed on the Kiosk system.

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

Rating: Generally acceptable

As reported in QI 5.1, there was a lack of space on the halls for private conversations. The hall office and the gym/recreation room were utilised but neither were ideal. There was the potential for prisoners to see confidential information if conversations with staff took place in the hall office.

Recommendation 28: HMP Kilmarnock should ensure there is suitable space available to allow for confidential conversations between staff and prisoners.

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

Rating: Satisfactory

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

Rating: Generally acceptable

PIACs and/or focus groups took place frequently, often on a weekly basis. Some halls were waiting for PIAC representatives to be appointed following some prisoner movements. The system of prisoners selecting the representatives directly rather than being directed by staff was positive. The PIAC representatives spoken to were well organised and demonstrated a genuine interest in improving conditions for all prisoners, and had an appetite to work with staff positively. However, one subject not discussed routinely was changes to the regime. The minutes of PIACs were shared with prisoners via the Kiosk system, but the resulting actions were not communicated to all staff to ensure follow through. The PIAC meetings provided a sound basis for further engagement of prisoners.

Information for prisoners was shared through the Kiosk system. Prisoners spoken to understood how to access information and were comfortable doing so. Some information was available in other languages. There was not a set process for sharing information with prisoners who were not able to read the information on the kiosks due to literacy barriers.

Recommendation 29: The actions agreed at PIAC meetings should be shared with all relevant staff where changes are agreed, and their implementation monitored.

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

Rating: Generally acceptable

The Kiosk system was well used to share information and in general an excellent facility. One concern, however, was the time limit on certain pages (such as prisoner information in relation to human rights issues), which shut down after 30 seconds, not allowing enough time for people to read them properly. See QI 4.3 for recommendation.

5.7 The prison complaints system works well.

Rating: Satisfactory

The complaints process, the subsequent appeals processes and services were advertised on noticeboards throughout the establishment. Complaints forms were readily available on the residential halls and the majority of prisoners spoken to stated they had confidence in the complaints system. In common with all prisons, prisoners were not given receipts when submitting complaints.

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

Rating: Satisfactory

At the time of the inspection, there were only two IPMs based at HMP Kilmarnock. They were well known by both staff and prisoners and there was a reasonable understanding of their role. There was no evidence of restriction of access to IPMs. The service was advertised throughout the establishment, although staff and prisoners stated that the new monitoring posters had only been put up in the week preceding the inspection. HMIPS had previously left posters with hall managers to put up as they were unable to access the halls due to a COVID outbreak.

Some recent quarterly IPM finding reports had not been shared with prisoners.

Recommendation 30: HMIPS should ensure reports are always provided to the prison to allow them to be shared with prisoners.

Recommendation 31: HMIPS should increase the numbers of IPMs at HMP Kilmarnock.

Standard 6 – Purposeful Activity

Quality Indicators

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

Rating: Generally acceptable

The prison offered a broad range of employment opportunities for prisoners in purpose-built workshops for commercial contracts and in work parties to support prison services. These opportunities included environmental waste, Waste Electrical and Electronic Equipment (WEE) recycling, textiles, laundry, cleaning, catering and gardens. Additional work placement opportunities were available for pass men in the residential halls. Overall, there were sufficient, good quality employment opportunities available to prisoners.

Vocational training opportunities were not available at the time of the inspection due to COVID-19 restrictions. The prison had facilities to offer a narrow range, at limited levels, of vocational training opportunities in painting and decorating, industrial cleaning, food hygiene and brickwork when COVID-19 restrictions were not in place.

All prisoners undertaking prison induction were encouraged to attend work parties during a clear and helpful presentation outlining the nature of work available and corresponding rates of pay.

Prison managers proactively and regularly reviewed the scheduling of employment and training opportunities to improve the opportunities for prisoners to access purposeful activity. Prisoners' views were taken into account in the organisation of a few work activities.

The Learning Centre's employability programme delivered a range of training to prisoners, including manual handling, COSHH, H&S and first aid at work. Prisoners undertaking pass duties were required to complete manual handling and COSHH courses.

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

Rating: Satisfactory

All prisoners could apply for work parties and work placement opportunities through the Kiosk system. A prison allocation board met every other week to consider applications for employment and match prisoners to their requested activity, taking account of any intelligence relating to prison security. Before commencing work with a work party, all prisoners undertook a comprehensive and well-structured health and safety training programme.

Key workers held regular meetings with prisoners that provided an opportunity to discuss their participation in education, training and employment. There were several examples where managers had adapted facilities and work activities to meet the abilities of individual prisoners, the needs of older prisoners and those with a disability.

Approximately 40% of the prison population were available for employment and training at the time of the inspection. These were from three residential halls with two prison populations, protection and remand. However, there were insufficient prisoners to fill the available employment opportunities, or meet the production levels for commercial customer contracts. This was due to poor attendance in work parties and the limitations of mixing prisoner populations based on security intelligence and COVID-19 regulations.

The employment opportunities offered to prisoners reflected the working environments of the employment market. However, almost all tasks were uncomplicated and highly repetitive.

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

Rating: Poor

The Learning Centre provided a welcoming environment for prisoners to engage in learning activities. The centre was well-equipped overall and prisoners were able to access a range of learning resources, including ICT, appropriate to their studies. Teaching staff were appropriately qualified and used their professional knowledge and experience to engage prisoners suitably and make learning interesting. Prisoners and staff worked well together and teaching staff encouraged prisoners to develop a range of personal and social skills, in addition to gaining subject knowledge. Prisoners attending classes valued the interaction and support provided by centre staff.

Prisoners participated in a range of basic and core skills learning activities, including literacy, numeracy and ICT (SCQF levels 2-6). A limited range of other subjects, including art and music was also offered and these were popular with prisoners. However, the range of programmes on offer was not sufficiently wide enough to provide all prisoners with the range and depth of subjects to progress beyond basic levels and therefore the needs of specific prisoners were not always met. For example, no English as a second or other language (ESOL) classes were offered for prisoners who did not have English as a first language.

Educational opportunities were highlighted to all prisoners during the induction process. Educational opportunities were provided for convicted and untried prisoners, with timetabled provision for prisoners on protection regimes. There were reduced opportunities for prisoners to attend classes due to COVID-19 mitigations. However, attendance at most classes was low, with classes typically running with less than half of the scheduled prisoner number attending.

There was no systematic process to identify and support any prisoner requiring additional learning support, such as with dyslexia. Staff were aware of the issue, but managers had not addressed it, despite the issue being identified during the previous full inspection.

Recommendation 32: HMP Kilmarlock as a matter of urgency, should put in place a robust and systematic process to identify, test and support all prisoners with an additional learning support need.

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

Rating: Satisfactory

The gym and health improvement centre offered a good range of physical and health activities available to prisoners. This included a core programme, which was based in the gym, games hall and outdoors. One-to-one and group sessions in circuit training and strength activities were planned well, with a few opportunities to progress from beginner to advanced levels. The variety and quality of activities provided was good, with completion certificates awarded to recognise participation. Prisoners valued the recognition of their participation and progression. Although the department was accredited to deliver Scottish Qualification Authority awards these were not currently available.

All prisoners completed an induction session with a member of staff before accessing physical activity. Most prisoners who attended physical and health activities participated well and made good use of the facilities and equipment available. The physical training instructors (PTIs) were proactive in encouraging prisoners to participate in physical and health education. PTIs promoted the activities available through taster sessions, posters, their visibility in the halls, and good relationships with residential hall staff and prisoners.

All prisoners had the opportunity to attend the gym several times a week, including evenings and weekends. However, during the inspection period a number of residential halls were in isolation, due to COVID-19 restrictions, and prisoners from these halls were unable to attend the gym. Prisoners were unable to access the small satellite gyms in the residential halls which had been closed due to COVID-19 restrictions.

In response to the impact of COVID-19, a number of health and fitness initiatives had been developed. These included: in cell activity worksheets; 'eat better feel better' resources; and 'kick start your fitness journey' individualised programmes. The outdoor space was used well for football and other outdoor activities such as timed exercises. A few prisoners with additional support needs and mental health issues, had accessed individualised and group programmes, and their feedback on these activities was very good. PTIs were proactive in consulting prisoners informally to seek their ideas for improvements.

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

Rating: Satisfactory

Prisoners were able to access a small and well-stocked library located within the Learning Centre, either when attending classes or by scheduled visits in the evening.

The library contained a good range of books, both fiction and non-fiction, with some material available in large print and as audio-books. It contained a small number of foreign language books and there was also an extensive stock of DVDs which prisoners could borrow. A small selection of newspapers and magazines were also available.

Library staff consulted routinely with prisoners about the services and stock and took account of their views when ordering new materials. Prisoners could make library requests via the Kiosk system and these items were delivered to their hall. This system was particularly useful during isolation periods with COVID-19 restrictions.

The library had no formal links with the local authority library service and this was a missed opportunity to provide prisoners with a wider range of materials.

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

Rating: Generally acceptable

Most prisoners had access to a range of cultural activities and events and a number participated in them. Over recent months many of these had been restricted due to social distancing measures as a result of COVID-19.

Within the Learning Centre, prisoners had good access to a variety of cultural activities and events. Art and music classes were popular with prisoners and some prisoners continued these activities in their residential halls. Staff encouraged prisoners to enter pieces of work for the Koestler Awards and prisoners had enjoyed success in the most recent competition with 14 awards across eight different categories, including poetry, painting, modelling and hairstyling.

The library held a regular reading group for prisoners in collaboration with the Open Book organisation. It also hosted periodic visits from well-known authors. One recent author had agreed to be the prison's writer-in-residence and there were advanced plans for creative writing workshops and personal support for prisoners' writing.

Formal peer support arrangements were not operating due to COVID-19 restrictions, but some prisoners offered informal peer support, particularly to new prisoners in work parties or in residential halls.

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

Rating: Poor

The prison regime did not permit all prisoners time in the open air for a minimum of one hour per day. The management plans that outlined the arrangements for prisoners to access fresh air were extremely dynamic in nature, given the direct impact of COVID-19 and the high proportion of prisoners being held in isolation. As a consequence, it was extremely confusing for the inspection team and very difficult to identify the most up-to-date plan.

Prisoners confirmed that the frequency of changes being made to the regime caused confusion for them too as well as a certain amount of frustration. Residential managers and staff painted a confusing picture between house blocks and indeed within individual halls.

Inspectors were eventually able to ascertain that mainstream prisoners had the opportunity to take daily exercise for one hour per day in the open air. However, prisoners who had returned positive coronavirus test results, prisoners who had been in close contact with them and prisoners who had refused a coronavirus test, were only afforded the opportunity to exercise for 30 minutes in the open air and only on three days each week. The inspection team viewed these arrangements as discriminatory.

Showerproof jackets were supplied for inclement weather, but these were only available in very small numbers. In house block 1, inspectors found a total of 14 jackets available across the four wings. In house block 2, inspectors were only able to find two jackets across the four wings. Prisoners commented that they had to use normal clothing to counter the cold, wind and rain. When this issue was raised directly with the SMT, one of the Assistant Directors took immediate action and was able to provide a reasonable number of appropriate waterproof jackets to each house block.

Recommendation 33: HMP Kilmaronock should provide a management plan that ensures compliance with Prison Rule 87 at all times and ensure that prisoners are provided with the opportunity to take daily exercise for one hour per day in the open air.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The physical structure and location of the multi-faith centre was excellent and it provided a very warm and welcoming environment, where prisoners could come together as a group or seek individual solace with the Chaplaincy Team.

The prison had a Muslim Chaplain who was co-ordinating pastoral care and a Church of Scotland Chaplain. The Catholic Chaplaincy post had recently become

vacant and was subject to a recruitment campaign. When they were at full capacity, the Chaplains were able to provide over 80 hours of support for Christians and Muslims each week.

On reception an individual's religion or belief was recorded on PR2 should they wish to declare it at that time. The Chaplaincy Team were then very proactive in visiting every new admission within 48 hours, to provide support to all prisoners regardless of their faith or beliefs. The Chaplains also operated a 'duty' role which essentially provided generic pastoral care in the house blocks and the SRU, for those prisoners being managed on TTM.

The Chaplains were extremely supportive of each other and talked frequently about unity and togetherness in their quest to provide support, guidance and pastoral care. It was evident to inspectors that all prisoners had the opportunity to pray, to read religious texts and to meet other requirements of their religion such as diet, the use of appropriate clothing, items and materials.

The Chaplains also responded timeously to a number of Chaplaincy referrals coming to them through the prisoner's console, phone calls and e-mails from prisoners seeking spiritual and pastoral care, emotional support, bereavement care, or where a prisoner requested contact from their own church or faith community.

The Chaplains were also available to any member of staff who wished to discuss matters of a spiritual, pastoral, religious or belief nature.

Given the levels of restrictions that had been in place for the last 18 months, the Chaplaincy Team conceded that they had not been able to facilitate as many 'group' activities as they would have wanted, but they had been working recently on plans to facilitate remembrance events and activities designed specifically for Prisoners Week.

The catering department had an appropriate breadth of knowledge of the religious dietary requirements to meet the needs of all prisoners.

In general terms, prison staff were aware of prisoners who observed different religions and the range of services provided by the Chaplains. Prisoners also spoke about the Chaplaincy Team in very positive terms and indicated they were extremely responsive to prisoners needs.

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

Rating: Generally acceptable

Notwithstanding the impact of COVID-19 and the need to maintain physical distancing rules in the open VH, the prison was able to provide a good level of access to visits, to allow prisoners to interact and engage with family and friends. A

reduced programme of activity was in place, but it did meet local needs and demands with 17 open visits being available at any given time along with one closed visit cubicle. All visits officers undertook the role of FCO.

Prisoners received a fairly detailed package of information about visit times, visit allowances and visit rules, through the local induction programme. Visit times were varied throughout the week to allow for family and friends, including children, to visit out with normal working and school hours. In general terms, inspectors felt that the information provided was sufficient to encourage prisoners to grasp the opportunity to initiate early engagement with their family and friends.

The prison did not have a visits policy in place, however inspectors were informed that a local family strategy group provided oversight of all children and family related arrangements. Unfortunately, inspectors were not provided with any evidence, despite numerous requests, that this group was or had been in place at any time in the past.

The prison had previously adopted a family induction programme (FACT) that was designed by way of involving families and friends in the prisoners' custodial journey, from induction through to release. The principle was that FCOs would facilitate this programme and be on hand to answer any immediate concerns or questions from families. Thereafter, this ensured that there were established lines of communications in place to keep family and friends informed. Unfortunately, over the course of the last 20 months, the prison have not held any FACT induction sessions.

The prison had previously facilitated themed events for children through the VH including Easter, Christmas and Halloween events, as well as providing services such as 'Play Motivator Visits' and 'Breakfast Clubs'. But unfortunately, once again, these activities were not available to family and friends over the course of the last 20 months.

In terms of day-to-day contact with family and friends, the availability of in-cell telephony was an excellent aid to prisoners in terms of maintaining family ties.

Recommendation 34: HMP Kilmarnock as a matter of some urgency, should reinstate the family induction programme (FACT).

Recommendation 35: HMP Kilmarnock should establish a children and family strategy group that can provide oversight and scrutiny of all local arrangements impacting on prisoners' families and friends.

Recommendation 36: HMP Kilmarnock should look to reinstate 'Play Motivator Visits' and 'Breakfast Clubs' as well as scheduling some themed events going forward through 2022.

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

Rating: Generally acceptable

There was a good VC next to the prison that provided a warm and welcoming waiting environment, with a reasonable range of facilities available to visitors.

The VC provided the base for prison staff to manage the visits admission arrangements. A visitor identification system was in place which took both a photograph and the fingerprints of all visitors.

Inspectors observed the processes in full and noted that prison staff showed courtesy and consideration for all visitors and demonstrated thorough knowledge of the systems involved. However, it was evident to inspectors that staff were less knowledgeable about the range of information and guidance that should have been available to support and inform families.

East Ayrshire Council also had a designated area allocated to them within the VC to allow them to provide guidance, help and support to prisoners' family and friends. Unfortunately, this facility was not being used by the Council as a consequence of the COVID-19 pandemic.

The VC could and should have been a major source of information for prisoners' families and friends. However, inspectors found very little information at all about visits, prison regimes and key services on offer to prisoners as well as family and friends. Visitors noted how difficult it had been to get any information from the VC, the prison telephone lines and indeed the HMP Kilmarnock website.

Inspectors walked through the admission process with some families and found it to be very well organised with due consideration given to families at each stage of the process. Families felt like they were treated with respect and did not feel stigmatised in any dealings they had with prison staff.

There was a good range of information available to visitors in the room adjacent to the VH, but visitors were only in the room for a very short period of time before taking their seats. Consequently, they were not in a position to read any of the information on display.

The physical environment of the VH was in reasonably good condition, notwithstanding the fact that it would have benefited from a fresh coat of paint. In terms of facilities, there was a small tea bar and a small children's play area, but unfortunately they were both closed off during our inspection. There was, however, a 'photo booth' available for prisoners to book slots to have their picture taken with their children.

Visitors expressed very positive views about their experience of the VH. They felt that it was a clean, tidy and warm facility and that staff were friendly, relaxed and

unobtrusive in maintaining supervision of the visits rules and general security arrangements. Staff were considerate of family members needs and treated all family members with respect and dignity during their visit. Visitors and prisoners commented on the safe atmosphere in the visits area and inspectors observed a relaxed feel with friendly interaction between staff, prisoners and visitors.

Recommendation 37: HMP Kilmarnock should commission a review of the range of information that should be available to prisoners' families and friends in the VC, the VH and on the HMP Kilmarnock website and make significant improvements thereafter.

Recommendation 38: HMP Kilmarnock should make every effort to reinstate the tea bar and the children's play area within the VH as a matter of priority.

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

Rating: Satisfactory

Virtual visits were available to prisoners within designated rooms in the house blocks. Inspectors were able to view, first hand, the facilities in use. Prisoners and their families commented on the high quality of the picture and commented on some of the key benefits associated with such interactions, not least a reduction in travel time and expenses and an increased level of privacy during the visit.

There was one closed visit booth that could be utilised for visits where restrictions had been imposed on prisoners or their families. FCOs informed inspectors that they managed these visits with the same level of professionalism and courtesy as they do in the open visits area. Inspectors were unable to view the facility in use.

As outlined earlier, all visits officers undertook the role of FCO at HMP Kilmarnock and all appeared to be knowledgeable about inter-prison visits, accumulated visits and assisted prison visiting schemes. They also confirmed that they had recently supported the notion of double visits where there was an appropriate set of circumstances presented.

The Email-a-Prisoner Scheme, managed through the Kiosk continued to provide another positive conduit for prisoners to maintain close family links.

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

Rating: Generally acceptable

The visits manager and the FCOs confirmed that visits were not withdrawn as a result of poor behaviour or as a punishment. Prisoners who were placed on closed visit restrictions were done so in accordance with the Prison Rules. There was

evidence to suggest that the processes and procedures associated with managing closed visits arrangements was applied consistently. It was also clear that FCOs and prison officers were knowledgeable of the procedures involved and the relevant paperwork.

Prisoners on closed visits were reviewed monthly by committee, with relevant representatives in attendance including the visits manager. Prisoners were able to put forward their representations during the process through the Kiosk system.

Prisoners were informed of any decisions by letter and via the Kiosk. Members of the public who were placed on restrictions were also considered during the same meeting and informed of any outcomes by letter.

All staff were acutely aware of the negative impact that closed visits had on families.

Inspectors felt that the apparent lack of a children and families strategy group to oversee and govern these arrangements was of real concern. In essence, inspectors felt that local practice was very much about following processes and procedures rather than the arrangements being aligned to policy and strategy.

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

Rating: Satisfactory

The prison provided an appropriate range of therapeutic treatment and cognitive development opportunities, and a good range of social and relational programmes. Prisoners had a good level of understanding on how they could access programmes and support services and indeed how places were prioritised.

The prison had three recognised programmes available:

1. **Constructs**, to support the application of pro-social solutions to problems that might have normally resulted in offending;
2. **Discovery**, focusing on emotional control for managing a range of negative emotions such as anger in order to reduce violent offending; and
3. **Pathways**, for individuals whose offending has been linked with the use of substances.

In a similar vein to other prisons, prisoners are subject to the national waiting lists that are in place for specialist offender behaviour programmes (OBP) that are delivered in other establishments. This could, inevitably, result in longer delays to access these programmes and consequently have a negative impact on progression arrangements.

In addition to OBPs, the Psychology Department also provided bespoke 1:1 interventions where it was deemed necessary and appropriate through the ICM and

RMT arrangements. They also undertook personality and risk assessments, Order of Lifelong Restriction (OLR) and life sentence support and safer custody and mental health support.

There was a clear functioning key worker scheme in place. All staff were able to confirm that they knew who their allocated prisoners were and, in the main, prisoners were able to tell inspectors who their key worker was.

The key worker scheme, in principle, is designed to promote rehabilitation through constructive relationships that guide, encourage and motivate all prisoners to make the most effective use of their time in custody. The aim is to ensure that prisoners feel safe, settled and supported, have their individual needs met and are supported in their progression.

During 1:1 conversations and focus groups with staff and prisoners, inspectors found that there was, in the main, regular engagement between prisoners and key workers, but the extent to which these discussions and interactions informed case management and risk management plans was minimal.

Key workers completed a monthly contact sheet (hard copy) that was countersigned by the house block COM.

The first half of the document related specifically to how the prisoner was feeling and any immediate concerns that they might have. It also touched on TTM and whether or not the prisoner might have recently been a victim of any violence.

The second half of the document focused the staff member and prisoner on seven key pathways:

1. General Health and Wellbeing.
2. Accommodation Internal and External.
3. Attitudes, Thinking and Behaviours.
4. Finance, Benefit and Debt.
5. Substance Misuse.
6. Education, Training and Employment.
7. Relationships and Family Support.

The key worker was required to highlight pathways that were discussed and to capture some of the narrative and any action points. Unfortunately, staff informed inspectors that they did not know where the forms went after they had been countersigned by the COM or where they were stored. None of the staff knew if the information that they were providing was being used by the ICM Team or how the information was supporting the broader work of the RMT. See QI 6.14 for recommendations.

Good Practice 7: the Psychology Department and PBSW provide bespoke 1:1 intervention where it was deemed necessary and appropriate through the ICM and RMT arrangements.

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

Rating: Generally acceptable

The Head of Offender Management provided strategic oversight of ICM.

There was a well-established system for identifying the needs of long-term prisoners and taking account of their critical dates for parole and progression.

The head of offender management provided central oversight of a well-resourced ICM team, Links Centre and administrative support, along with structured daily interactions and engagement with the Psychology Department and PBSW Team. All of these functions were in close proximity to each other which engenders positive and highly productive relationships to the benefit of the prison as a whole and indeed the prisoners themselves.

Inspectors witnessed highly efficient and effective processes and procedures for managing the generic needs assessment, through the core screen and induction arrangements, through to the six month ICM case conference and on to the full case management plan. Fundamentally, the ICM Team, as caseload managers, co-ordinated and scheduled all ICM and RMT activity and provided a high level of structured engagement with prisoners.

The ICM team also provided the main conduit for linking the ICM progression case management cases with the RMT.

Prisoners gave clear indication that they were aware of their own critical dates and their associated responsibilities for engaging in their own case management plan. There was evidence to suggest that prisoners were being encouraged by the ICM Team to participate fully in their case management discussions. Inspectors observed a range of ICM related activity where the individual needs of prisoners were assessed with great care and sensitivity. Families were also involved in the process where it was deemed appropriate.

Although the prison demonstrated good strategic and tactical insight into ICM and RMT arrangements, there appeared to be a complete disconnect from the day-to-day operations of the key worker role. There was very little evidence to suggest that these activities were dovetailed into the fabric of ICM. Staff did not have real clarity on what policies underpinned ICM or how their work supported the development of case management plans, and prisoners gave clear indication that the ICM team were the people who were formulating plans for parole and progression. The whole situation was made worse by virtue of the fact that key workers did not attend ICM case conferences or RMT meetings.

Recommendation 39: HMP Kilmarnock should review the role of the key worker and the monthly contact sheet with a view to ensuring that the work

underpins case management planning and is fully integrated into ICM and RMT arrangements.

Recommendation 40: HMP Kilmarnock should develop Learning and Development opportunities to support key workers broaden their knowledge, skills and behaviours.

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

Rating: Satisfactory

Inspectors were able to witness a good level of joint working between different agencies during ICM and RMT activity, with prisoners being involved in discussions about their future, such as their own plans for progression and release.

In particular, the relationship between the ICM Team, the PBSW team leader and the head of psychology was excellent. Risk management assessments were carefully considered at an early stage of sentence plans and underpinned intervention and support services thereafter. Information sharing was excellent among these teams with shared access to key case management documents, regular and focused pre-meetings before ICM case conferences and joint meetings between departments. Inspectors felt that these functions had absolute clarity on each and every prisoner who was engaged with the ICM process.

The casework involved in supporting OLR prisoners and Multi Agency Public Protection Arrangements (MAPPA) prisoners was complex but given the appropriate priority in terms of time and resource allocation. There was recognition among the key stakeholders that OLR and MAPPA related practice was enhanced in this prison with a shared level of understanding of risk, a consistent approach to its assessment and management, and a common language with which to communicate between functions.

Standard 7 – Transitions from Custody to Life in the Community

Quality Indicators

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

Rating: Generally acceptable

The prison helpfully held weekly online multi-agency CRMs during the pandemic. Key agencies including health, social work, housing, third sector services, police were regularly attending. Importantly, this meeting ensured services had four to 12 weeks' notice on housing needs. Senior management provided good oversight, a helpful point of contact, flexibility and responsive support. Prison staff were very welcoming to agencies and receptive of feedback. Some agencies received weekly liberation lists.

Local agencies provide gate pick-up and essential appointments support at liberation to Ayrshire. Housing support agencies had a strong profile in the prison and new benefit advisors had been appointed to improve available advice and support. We Are With You pilot Community Navigator Service was effectively delivering important informal drug and alcohol support in the residential areas throughout the pandemic and linkage to community agencies for any prisoners.

Agency in-reach had slowly restarted in October 2021. There was a wide range of community agencies supporting prisoners, accessed at the Links Centre. Prisoners were arranging agency and family appointments in the Links Centre by way of the Kiosk system, though less than half of prisoners were using this. The challenges and limits of remote communication was leading to delays and a lack of coordination was creating an inefficient and unpredictable booking system. Communication from key workers was sometimes inconsistent or inaccurate.

For some, only basic liberation information was shared with agencies, with prisoners having to self-report on some important health and social care needs. Where consent to share information was not given there was a real challenge to ensure access to required supports on release.

Good Practice 8: Weekly CRM meetings, with good engagement from partner agencies, were properly considering the needs of those prisoners who would be released soon.

Good Practice 9: The community 'navigator' service was providing valuable informal drug and alcohol support in the prison and links to community-based services.

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

Rating: Satisfactory

The enhanced ICM process for long-term prisoners was well-established and co-ordinated. All key statutory agencies were clear about their roles and appropriately contributing to planning for those prisoner's subject to supervision on release. Attendance at case conferences was mostly good but key workers were not attending.

Information required to inform pre-release planning was being gathered and communicated within expected timescales across agencies. There were, however, limitations to how accessible this information was to key workers. Prisoners reported that their key workers were not always fully informed of plans.

PBSW were making effective contributions to case management. They were fulfilling their responsibilities in the preparation of assessments, reports, the formulation of plans and their attendance at meetings including the Case Management Board, RMT, and the CRM for short-term prisoners. Information prepared by the PBSW Team was of expected standards and was informed by established relationships with prisoners and cooperative interdisciplinary working.

CBSW were similarly engaged with planning for release and undertaking their statutory role in arrangements following release. Communication and co-operative working with PBSW was evident and contacts with prisoners increased during the latter stages of sentence. CBSW were also attending the CRMs, reiterating the offer of voluntary throughcare where this was appropriate.

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

Rating: Satisfactory

There was a commitment to on-site delivery of offending behaviour interventions matched to assessed needs and risks. These were developed and delivered collaboratively by Forensic Psychology and Programmes staff with cooperative involvement from PBSW where relevant.

As reported in Standard 6, the prison was delivering programmes to groups (Pathways) and in 1:1 sessions (Constructs, Discovery). There were also examples of bespoke 1:1 interventions specific to the needs of prisoners. Prisoners were positive about on-site programme delivery and 1:1 intervention. Significantly, in the absence of existing programmes, the prison was developing interventions to address intimate partner violence.

There were some delays in the delivery of locally delivered programmes, but efforts were supporting timely access to assist with progression and release preparation. This included 'top up' sessions for those who had previously completed programmes. Progress on programmes was reported through ICM and was available to community-based services for planning their interventions on release.

Prisoners at HMP Kilmarnock were subject to the national waiting list for specialist programmes delivered in other establishments. This was resulting in long delays in access to national programmes and had a negative impact on progression.

In relation to substance use treatment programmes, community-based addictions services were informed of expected liberations through the Shared Addiction Management System. This was overall a reliable process with information provided one month in advance, supporting planning for intervention and prescribing. This was underpinned by the communication of needs and treatment by Prison Health Care.

A series of self-reflective exercises for prisoners to complete in their own time was recently developed by the head of psychological services. An accompanying staff toolbox for prison officers will support the use of these exercises. Psychology staff noted that this potential innovation had been piloted and was being rolled out.

Recommendation 41: SPS Headquarters should take steps to reduce the significant delays to access national specialised intervention programmes.

Good Practice 10: HMP Kilmarnock has made impressive efforts to develop and deliver offence focussed interventions. They also have coherent plans to do more, notably in relation to domestic abuse. This has all been underpinned by effective inter-disciplinary practice.

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

Rating: Generally acceptable

For long-term prisoners and those subject to supervision on release, the enhanced ICM system was well-established in HMP Kilmarnock and prisoners were playing a full part through the initial, annual and pre-release case conferences. At the pre-release case conferences there was a clear outline of the plan for the prisoner on the transition from custody to the community. It outlined the support in place, the agencies involved with the prisoner, plans to do further preparation prior to release and specific plans for the day of liberation. Prisoners were routinely taking part in these case conferences.

For other prisoners the role of Links Centre staff was key, and they were engaging prisoners due for release in making plans. Where prisoners did not want to engage with this support, they were making their own plans with support from families. For some prisoners, Links Centre staff identified those who required support and referred them to appropriate community-based services.

In response to the early release of prisoners during the COVID-19 pandemic, the prison had taken part in a multi-agency forum (CRM) for planning the transition of prisoners affected from custody to the community. This group had been sustained beyond this initial task and was considering all prisoners due for release. Getting the consent of prisoners due for release to be discussed at this forum was a key task of the Links Centre staff. If consent was given this group was very important for formulating plans for all prisoners, and was identifying their key needs and the lead agency for supporting the transition.

Health staff were playing a key role in the multi-agency meeting and were providing dynamic information on the prisoners who had consented to this sharing of information. However, there were still occasions where the holistic health needs of prisoners were not always clearly communicated with those providing immediate and ongoing support on liberation. As a result, there were significant early challenges in meeting needs.

The potential role of the key worker for ensuring the prisoner was actively taking part in planning was not being realised at HMP Kilmarnock. Key workers were not always well informed about plans, had limited access to planning processes and did not attend key planning meetings. Key workers were also unclear about the purposefulness of the information they provided to inform planning.

Recommendation 42: HMP Kilmarnock should ensure that key workers have access to the appropriate information and develop the skills they need to engage and encourage prisoners to take part in making plans to maximise the potential for a successful transition from custody to the community.

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

Rating: Generally acceptable

Links Centre staff played a key role in ensuring that prisoners due for release were aware of the agencies available for support in the community. Most of the prisoners Inspectors spoke with had been referred to agencies potentially providing the support needed. The CRM clearly identified which agency would be taking the lead in supporting prisoners in the community. PBSW and CBSW were also fully involved in the CRMs and this had enabled them to remind the group and those engaging with prisoners due for release about the availability of voluntary throughcare support from social work services. This message was also clearly shared at ICM case conferences.

Relationships with housing support services were well-developed and they in turn had established good relationships with local authorities. Significantly, they were also ensuring prisoners due for release were aware of where they would be staying in most cases. Undertaking homelessness interviews pre-release (currently being done over the phone) allowed the local authority to identify and allocate accommodation. Prisoners were notified of an address prior to liberation.

While the agencies inspectors spoke with during the inspection were able to report on the experience of prisoners returning to the community, systematic monitoring of the impact and effectiveness of all supports provided to prisoners to support a successful transition from custody was underdeveloped. The establishment knows little about the outcomes for prisoners or progress being made where they do not return to custody.

Recommendation 43: HMP Kilmarnock should work with key agencies to develop a systematic approach to gathering information about progress and outcomes for prisoners released from prison to maximise the effectiveness of transition support given to prisoners.

Standard 8 – Organisational Effectiveness

Quality Indicators

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

Rating: Generally acceptable

The prison had an established E&D committee which had met three times in 2021, with one meeting having been postponed due to COVID-19 issues. This was not strictly in line with the prison's own SOP in relation to E&D, which indicated that meetings should be held at least every two months, but the Director did attend to provide visible support for the agenda. The minutes of a meeting from August 2020 indicated that a stocktaking exercise had occurred at that time, with a number of actions flowing from that, but development of a more formal E&D Action Plan would provide a more solid base for implementing and monitoring action to progress the agenda.

As referred to in QI 4.3, the ability for prisoners to access information on human rights via the Kiosk system was helpful, albeit the time to absorb the information before the screen logged you out was limited. It was good that prisoners could access the minutes of E&D Committee meetings via the Kiosk system. The prison delivered an effective training module around E&D for all new prison officers. It was also clear from observing a case conference and related discussions with staff and prisoners that considerable care, skill, and sensitivity was being deployed by staff to ensure the safety and respectful treatment of transgender prisoners within HMP Kilmaronock. The prison is to be commended for that.

HMP Kilmaronock was awaiting the outcome of a review by SPS HQ of the national policy on the care and treatment of transgender prisoners, which had been under way for some time, and in the meantime had sought advice from HMP Edinburgh. Following the inspection, HMIPS met with the SPS and received a helpful verbal update on progress with their review of the national policy in relation to transgender prisoners and their plans to ensure a comprehensive programme of engagement with stakeholders.

Recommendation 44: HMP Kilmaronock should develop a more formal E&D Action Plan and ensure the regularity of meetings of the E&D Committee matches the related SOP.

Recommendation 45: SPS HQ should complete their review and engagement with stakeholders around national policy in relation to the care and treatment of transgender prisoners, and thereafter provide strong support to establishments around implementation of the policy.

Good Practice 11: The care and support provided by HMP Kilmaronock for transgender prisoners was impressive.

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

Rating: Satisfactory

There was clear evidence of systematic processes to record actions from previous audits and inspection reports, and to monitor action to address recommendations and audit action points.

One important point from the 2016 HMIPS inspection report on HMP Kilmarlock in relation to support for learners with additional support needs had not been progressed (see Standard 6), but the format of inspection reports from that period had not helped in not clearly identifying recommendations. Action points from Death in Prison Learning, Audit & Review (DIPLARs) were carefully recorded and followed up, with action trackers updated.

There were regular business review meetings with considerable attention to detail in following up issues which carried financial penalties for the prison in relation to contract compliance. The prison was able to demonstrate improved performance and compliance with the contract since the arrival of the current Director.

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

Rating: Satisfactory

The prison was part of a Serco wide business and performance improvement initiative involving a five step maturity model or journey towards excellence, with levels 1-2 focussed on building foundations, levels 3-4 building capability and level 5 achieving operational excellence. There was clear leadership commitment from the Director for the initiative, with the whole SMT securing accreditation as 'yellow belt' practitioners from the Institute of Continuous Improvement in Public Services to further embed the programme into the culture of the organisation. The internal Serco target of securing the participation of 20 individuals within the prison had been comfortably exceeded with 43 individuals actively involved in various improvement projects linked to the programme at the time of this inspection, with 41 of the 43 accredited.

The Director provided communication updates providing information on the immediate issues and priorities facing the prison, but focus groups with staff indicated that more face-to-face staff briefings around these issues would be appreciated by them.

The Director provided examples of improvements which he had hoped to implement, such as the introduction of in-cell IT and telephony and the use of a new superior body scanner, which requires agreement with the SPS. This left HMIPS concerned

that developmental opportunities were being missed and that the contract may itself be stifling creativity and innovation.

Recommendation 46: SPS and HMP Kilmarnock should work together to ensure the contract or other issues do not stifle creativity and prevent improvements being put in place when moving towards the end of the contract and potential handover to the SPS.

Good Practice 12: The commitment to a philosophy of continuous improvement through use of the five step maturity model and journey to excellence, with external accreditation.

8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison, and are trained to fulfil the requirements of their role. Succession and development training plans are in place.

Rating: Generally acceptable

The focus group that HMIPS conducted with staff suggested that some staff did not feel equipped to carry out the role expected of them, and wanted more time to do the job well and better training. The focus group indicated a concern about the ability to carry out multiple roles and keep up-to-date with relevant information.

However, the Training Committee was meeting and oversaw implementation of a training plan which set out training priorities. Training statistics were maintained and showed strong performance with most mandatory training requirements including 99% compliance with Phase 1 of C&R training and 95% compliance with TTM training requirements at the time of our inspection. First aid and food safety training statistics were also strong, but some foundation, security and advanced training statistics were considerably poorer. There was evidence of additional non-mandatory training being considered and arranged when necessary.

The prison was planning to develop its managers through a Serco driven 13-15 month Contract Leadership Manager Builder (CLIMB) blended learning programme, but it was early days with that project. Similarly, the leadership team were promoting a career development project to encourage staff to provide a portfolio of evidence to demonstrate competence against a defined set of core skills as preparation for moving up to the next level and assist with succession planning. The Training Committee had noted the need to develop a more robust process for tracking progress with this initiative.

8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.

Rating: Generally acceptable

As indicated in QI 8.4 above, the focus group with staff indicated they did not feel confident about their knowledge to carry out multiple different roles. They also expressed concern about the turnover of staff and frustration at constantly having to mentor new staff. The prison also had some difficulties in providing information for

the inspection team on E&D in the unfortunate absence of the Assistant Director on sick leave during the inspection, suggesting the need for more robust resilience in the communication of knowledge within teams.

That said, staff told inspectors that they enjoyed working as a team, and reported having a good understanding of what others in the team did and indicated that relationships across different functions were positive. The Management Team took steps to ensure good cross-functional representation on all key governance groups operating within the prison, such as the Employee Partnership Forum, the E&D Committee and Training Committee, etc, to encourage understanding and valuing the contributions and challenges faced by others. The involvement of the Director in groups such as the Employee Partnership Forum provided valuable endorsement for these initiatives.

8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.

Rating: Good

The Director was proactive in ensuring that good performance was recognised through Butler Trust nominations, Director Awards and putting names forward for Chief Executive Awards. Moreover, the greater flexibilities available to the private sector in relation to recognising good performance and valuable contributions were helpfully utilised. One hundred staff were given the chance to go to a children's pantomime and a small bonus was provided for every member of staff at Christmas to recognise their hard work in difficult circumstances over the year.

The prison also provided evidence to satisfy inspectors that when poor performance was identified it was tackled, and a support programme put in place to help the individual reach the desired standard. It was noted too that all new recruits were tested for drugs and employment had been terminated when necessary.

Good Practice 13: Inspectors were impressed by the range of activities to recognise and encourage good performance and the robust action to test new staff recruits for drugs.

8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.

Rating: Good

The prison contributed positively to local community justice partnership activities including a Prison/Police liaison meeting and the Ayrshire Local Resilience Partnership, as well as supporting wider community-focussed initiatives. At the start of the pandemic, for example, the Director had made 16,000 pieces of PPE available to local council care homes who needed it more urgently than HMP Kilmarnock, which is commendable. The prison were also gifted 42,000 books for the prison

library and made 15,000 of these available to SPS prisons. The prison had also assisted with food banks, the renovation of gardens and other community projects, and at the time of our visit was looking at how it might provide safety clothing for a new community justice quad bike project. The Director was keen for the prison to support such initiatives and contribute creatively wherever possible.

8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media.

Rating: Satisfactory

Understandably this was not a major focus for HMP Kilmarnock, but the prison was able to provide some examples of how it had tried to publicise its work through social media tweets and photographs of activities such as the visit of an author to the prison. The Director indicated the intention to appoint a Poet in Residence, whose work with prisoners should provide further opportunities for publicising what goes on in the prison.

Standard 9 – Health and Wellbeing

Quality Indicators

9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.

Rating: Satisfactory

Good systems and processes were in place when prisoners arrived at HMP Kilmaronock. The immediate health and wellbeing needs of all patients were assessed on arrival, where possible, by a registered mental health nurse as well as planning for long-term care. Where assessment by a mental health nurse was not possible, this would be carried out by a registered adult nurse. Anyone identified as being at risk of self-harm or suicide was managed under TTM. Due to the outbreak status, HMP Kilmaronock were receiving transfers and not admissions. As there were no transfers into HMP Kilmaronock at the time of our inspection, inspectors could not oversee this process.

Patients' past mental health clinical records were reviewed on admission to identify previous and current mental health issues. **This is good practice.** Individuals identified for OST on admission were automatically referred to the addiction team for an appointment.

New admissions received an admission pack which provided details on the services available to them and included a copy of the referral form for each healthcare service. HMP Kilmaronock had recently set up an account with language line whereby clinicians could access digital IT to allow for a remote face-to-face interpreter.

During the first COVID-19 outbreak in March 2021, HMP Kilmaronock implemented asymptomatic COVID-19 testing for all new admissions to prison (including transfers from other establishments) as part of an outbreak management plan. NHS Ayrshire and Arran were one of the first health boards in Scotland to implement admission testing in prisons. In July 2021, day seven admission testing was also implemented.

In HMP Kilmaronock's completed pro forma submitted to HIS, it reported that while polymerase chain reaction (PCR) testing was in place for new admissions, only those who were symptomatic were being isolated. The current protocols described about PCR testing at the establishment were not in line with National Guidance. This significant area of concern was raised during HIS's pre-inspection engagement with HMP Kilmaronock regarding PCR testing on admission. HIS raised this with HMIPS and it was agreed that HMIPS would take this forward with the SPS.

Inspectors were told during the inspection that the SPS had agreed that all people who were admitted to HMP Kilmaronock would be PCR tested and isolated until the test results were returned. These patients would be cohorted in a 'first night in custody' area created in the remand area of the prison until their test results were received. This was encouraging and demonstrated HMP Kilmaronock's response to concerns raised in respect of PCR testing prior to the inspection

Good Practice 14: Patients' past mental health clinical records are reviewed on admission to identify previous and current mental health issues. Individuals identified for OST on admission are automatically referred to the addiction team for an appointment.

9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.

Rating: Satisfactory

On arrival at HMP Kilmarnock, the immediate health and wellbeing needs of patients were assessed by a member of the Healthcare Team using a standard health screening tool. Patient information was captured on the national electronic system (Vision) and in a written reception log. This written document captured further information on patient's requirements for long-term health conditions, Blood Borne Virus (BBV), addictions, occupational therapy and communication needs requiring speech and language therapy. The GP reviewed this information the following day to assess if the patient was required to be seen or if an alternative action was required to be taken. The Healthcare Administration Team scheduled appointments to the required service and arranged any further appointments to meet the patient's healthcare needs. **This is good practice.**

There was a self-referral system in place for healthcare in the prison. Referrals were paper-based and were available in both house blocks and the SRU. However, Inspectors did not find any referral forms in alternative formats available within the house blocks during the inspection. The specialist speech and language therapist (SALT) had started to review the referral forms to make them easier for individuals with communication difficulties to complete. Easy-read forms for some services such as mental health have been completed but the format of the forms for other services were still to be agreed.

Inspectors were told that prison custody officers (PCOs) assist patients to complete referral forms if required and although this was a supportive practice, it did not guarantee patient confidentiality. In the absence of alternative formats for some services there was a concern that patients may not take the opportunity to self-refer for healthcare. Referrals could also be requested verbally via the Healthcare Team or from the PCOs. Inspectors were told this was common practice and could be requested on behalf of prisoners with their consent. Inspectors saw evidence of this at medication delivery times.

The GP and nursing team triage all medical referrals to assess patient needs, discuss any medication requirements, and prioritise patients who need to be seen. At the time of the inspection, the waiting times for patients requiring a GP or primary care nurse was 24 hours. Due to the recent COVID-19 outbreak, the remobilisation of long-term health condition clinics was paused to enable the Healthcare Team to manage the outbreak. Work was planned to reintroduce the clinics and letters had been sent to patients regarding referrals to the clinics. However, these letters did not specify how long the waiting time was for each service. This was evident for both

mental health and dental services which had lengthy waiting lists. Addressing this will help healthcare staff to manage patient expectations.

As highlighted in the 2016 HMIPS inspection report, confidentiality was not always appropriately maintained. In the Health Centre, room doors continued not to be fully closed during patient consultations due to the facility design and concerns around safety.

Near Me (a secure NHS video call service for patients) was used for secondary care appointments to allow the initial assessment to take place. In these circumstances, the patient was required to attend the Health Centre, where a member of the Healthcare Team set up the Near Me consultation for the patient. There was also a requirement for the Healthcare Team to remain in the room with the individual at all times. This made this approach resource intensive.

Early in the pandemic, all cells were fitted with telephones. Nursing staff were able to contact patients directly in their cells, to either transfer secondary care appointment calls or for the healthcare clinicians to complete a telephone consultation with them. However, this process was stopped by Serco due to concerns on breaching the Communications Act. As such, telephone consultations could no longer take place up in the halls and only Near Me could be utilised. This was a concern given the infrastructure of the Health Centre.

An SOP was submitted as evidence of the protocols in place for both healthcare staff and Serco staff regarding patients who required transfers in and out-of-hour services with recognised pathways in place. This included patients returning from hospital. Staff who the inspectors spoke with were aware of these protocols.

Recommendation 47: HMP Kilmarnock must ensure patient confidentiality in assisting patients to complete referral forms where required. In the absence of alternative formats for some services there is a concern that patients may not take the opportunity to self-refer for healthcare.

Recommendation 48: Healthcare staff must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.

Recommendation 49: HMP Kilmarnock must ensure the doors are closed during patient consultations or seek a safe solution to address this.

Good Practice 15: HMP Kilmarnock's appointment system which is managed by the Healthcare Administration Team is efficient and well-managed.

9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.

Rating: Satisfactory

A range of national screening and immunisation programmes were available to patients. Healthcare staff were providing a robust vaccination programme as a

priority at the time of the inspection. All appointments were managed by the Healthcare Administration Team. The Team used a Vaccination Management Tool (VMT) system to confirm their vaccination status including the type of vaccines and dates administered. This included COVID-19 vaccinations as well as seasonal flu vaccines. Nursing staff had worked hard to positively promote the vaccine to patients and encourage them to take part. Compliance had improved following the COVID-19 outbreaks. Inspectors saw evidence of vaccine clinics ongoing throughout the inspection and these were well attended by patients.

Patients were supported to be autonomous with their health and wellbeing, where possible. For example, they were provided with materials for wound dressings. These patients were still supported to attend the Health Centre for a review.

There were plans to implement dry blood spot testing as part of the admission process. A local operating procedure had been developed but the COVID-19 outbreak and staffing challenges had prevented this from being rolled out. However conversations were taking place on admission regarding BBV risk and onward referral made to the BBV specialist nurse where appropriate. As part of the reception log completion, this triggers a response from the sexual health service who will review patients, support them with results and offer sexual health screening.

Inspectors saw no evidence of health information leaflets in the Health Centre for patients. Patients requiring information on the services had to request this. Health promotion materials were removed as part of COVID-19 infection prevention and control measures to minimise the risk of transmission. Staff were keen to reinstate health promotion materials including sexual health advice as a priority.

9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.

Rating: Good

Staff described an understanding of health inequalities and were knowledgeable about the potential barriers patients faced when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients. Staff were supportive and explained the care to be given to patients whilst gaining their consent.

Staff described a proactive and cohesive team approach to patient care. Communication between healthcare staff and PCOs was good. This enhanced patient experience of the healthcare they received. Patients were facilitated by Serco staff to attend their appointments. The Health Centre had a permanent member of Serco staff assigned to this area. Staff reported this enhanced patient flow into the area. **This is good practice.**

Good Practice 16: The Health Centre has a permanent member of Serco staff assigned to this area. Staff reported this enhanced patient flow into the area.

9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Satisfactory

A duty mental health nurse undertakes daily screening of new mental health referrals, identifying if there is indication of risk which would require an urgent response. Same day or next day check-ins were being undertaken to fully assess risk where this was identified.

There was evidence of effective communication between the MDMHT and other clinical teams. The senior Mental Health Team met twice per week, in order to triage all new mental health referrals. Reviews of all transfers and admissions into HMP Kilmaronock were discussed at weekly clinical multi-disciplinary teams to identify the most vulnerable and to pick up risk of mental health issues. **This is good practice.** Fortnightly MDMHT meetings with the wider prison establishment also take place, using Microsoft Teams. There was a clear link between the clinical mental health team and the wider mental health risk management team led by Serco.

At the time of the inspection, the waiting times for a routine mental health service assessment was 20 weeks. Prior to the latest outbreak, the waiting time was 14 weeks. This increase reflected the clinical priorities, coupled with the vulnerable staffing position that the healthcare teams had faced since the beginning of September 2021. Patients were not informed of the length of time they would be expected to wait for a mental health assessment as discussed in QI 9.2.

Throughout the COVID-19 pandemic, an increase in demand for mental health services had been seen, coupled with increased complexities associated with the delivery of mental health services within HMP Kilmaronock, such as the requirement for physical distancing. Following on from the 2016 HMIPS report, it was encouraging to see that the Mental Health Team now had a comprehensive range of multi-disciplinary staff including a learning disabilities nurse, speech and language therapist, Occupational Therapist psychology, psychiatry and mental health nurses. There was also a full time Clinical Psychologist in post. **This is good practice.**

Although a wide range of mental health services were available, the clinical team would like to expand the range of treatments and supports on offer to their patients. This would be provided by a workforce that is well trained. However, the lack of the space in the prison limits the amount of services the mental health team can deliver.

As the mental health nurse role was not ring-fenced, they were working 12 hour shifts and carrying out other duties such as, medication rounds, emergency care, COVID-19 testing. This had resulted in challenges in being able to routinely review their patient caseload on a regular basis and provided regular structured support and interventions.

Staff record information in the patient clinical records on both Vision and Care Partner which enabled a continuous community record. However, this was time consuming and a duplication of work for clinical staff. Patient care plans were also recorded on to Care Partner and the use of standardised risk assessment tools were standard practice.

There were two psychiatrists who provided clinical input into the prison. The psychiatrists will aim to prioritise urgent cases that are identified through the multi-disciplinary team meeting. Where admission to a psychiatric unit was indicated, arrangements were made to transfer prisoners. This could be to a low secure environment (intensive psychiatric care unit), medium or high secure environment, determined by the level of illness and offence. Inspectors were told that there had been delays in accessing medium secure beds.

Recommendation 50: HMP Kilmarnock must consider alternative routes of support for mental health patients, for example reintroduction of in-cell telephone consultations.

Recommendation 51: HMP Kilmarnock must map out what mental health services they can feasibly deliver with the restraints of space and capacity within the prison.

Good Practice 17: HMP Kilmarnock have a comprehensive range of multi-disciplinary staff including a learning disabilities nurse, speech and language therapist, Occupational Therapist, psychiatry and mental health nurses.

Good Practice 18: Reviews of all transfers and admissions into HMP Kilmarnock were discussed at the weekly multi-disciplinary team clinical meeting to identify the most vulnerable and to pick up risk of mental health issues.

9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Generally acceptable

There were good systems and processes in place to support early identification of long-term health condition needs. Patients have appointments scheduled by the admin team based on the information gathered at admission/reception. There was a self-referral system in place in the house blocks within the prison and referrals were collected daily.

Patients with a number of comorbidities, long-term conditions or life limiting illness were added to the palliative care register on arrival into prison and were placed on either the red, amber, or green palliative care pathway as per the Gold Standards Framework (2020). All patients on the register were discussed at a multi-disciplinary team meeting every eight weeks to ensure that all their health and wellbeing needs

were being addressed and to agree an ongoing care plan. Patients had access to nursing staff, AHPs, clinical psychology, chaplaincy, GPs, and pharmacy.

Key members of Serco staff were also involved in the palliative care meetings including social work and key workers. Nursing staff also ensure that all patients on the palliative care register had an up-to-date anticipatory care plan, including their wishes for treatment and key family contacts.

Routine long-term health conditions clinics were paused due to the pandemic. However, staff continued to review patients where there was a clinical need. The clinics were suspended again during the recent outbreak when priority was given to delivering clinical care in cells, as well as prioritising vaccinations. Staff had carried out a significant amount of work in promoting vaccinations and vaccination clinics were ongoing during our inspection. High risk individuals were offered the opportunity to have discussions about advanced care planning (ACP) and an ACP will be put in place. The ACPs will be shared with Serco staff where appropriate. Part of these discussions cover relevant infection, prevention and control measures that are important to reduce the risk to these individuals. For individuals who refused the vaccine, the Kiosk system allowed them to request a vaccine appointment if they changed their mind. At the time of the inspection, the waiting times for long-term condition clinics was 56 weeks. Primary care staff were keen to re mobilise long-term health conditions clinics but were restricted as they currently remained in outbreak status.

Patients continued to be referred to secondary care by the GP where appropriate and appointments were allocated. However, for those individuals being isolated under Rule 40a or Rule 41 as a result of the COVID-19 outbreak, some non-urgent appointments had to be rescheduled. Prior to the rescheduling of appointments, the GP carried out a review of the patient's medical record in order to assess the urgency of the appointment. **This is good practice.**

Near me technology was available and has been utilised for patients to attend appointments with clinicians who are not normally based in the prison. Telephone consultations had also been utilised as in-cell phones had been installed in all prisoner cells last year. However, this had presented challenges as prisoners could not have private telephone consultations where they shared a cell.

When the phones were initially installed staff were able to contact prisoners directly in their cells. This would be to either transfer secondary care appointment calls or for a telephone consultation with the healthcare clinician. However, this process was stopped by Serco due to concerns around breaching the Communications Act. As such, telephone consultations could no longer take place. This was a significant concern given the current lack of space in the Health Centre and staff shortages.

Inspectors were assured during the inspection that staff had oversight and were knowledgeable about their patients and those with complex care needs. Many mechanisms were in place to ensure patient safety. During the first outbreak and lockdown, a review took place of all patients and those most vulnerable were identified. Nurses check-in on patients as part of their routine duties. They also had oversight at medication rounds and reacted to any concerns raised from Serco

colleagues. All clinical care was delivered in the Health Centre, apart from the patients who were in isolation. The communication and good relationship between healthcare and Serco was evident during the inspection. They were committed to facilitating patients to attend their healthcare appointments when required.

The patient care records that inspectors reviewed on Vison were clear and concise. All long-term conditions records had electronic tools and pathways incorporated within the electronic system and had care plan prompts. These were completed during clinic reviews. However, inspectors found little evidence of care planning in place. Staff were aware that this was a challenge and were working towards addressing this.

HMP Kilmarlock now had an OT service in place. All patients who had difficulty in functioning in Activities of Daily Living (ADL) are assessed by the OT. Patients were identified at reception by the nurse during completion of the reception log form. Prison staff and the patient could also request an assessment at a later date using the 'Occupational Therapy Self-Referral' form. Following the assessment, appropriate equipment was provided to assist patients. HMP Kilmarlock had only two accessible cells available. The OT worked with patients and Serco staff to provide aids and adaptations where accessible cells were not available.

Access to the provision of social care staff to assist patient's ADL was provided by Serco. The on-site OT had oversight of those patients receiving social care. Although this service was easy to put in place, communication could be challenging. At times, services were removed without consultation with the OT. This had been escalated through the management team at Serco, the private provider, and had resulted in the process being reviewed to improve communication.

Staff show enthusiasm and commitment to the healthcare service they provided. Senior staff are developing work around developing link nurses for long-term condition management.

Recommendation 52: HMP Kilmarlock must ensure solutions are reached to continue the use of in cell phones for healthcare appointments.

Recommendation 53: HMP Kilmarlock must ensure that care plans are person centred and outcome-focussed. Staff must work jointly with patients in the writing of their care plans and setting of goals. There must be evidence of the patient's agreement to this plan.

Recommendation 54: HMP Kilmarlock must continue to improve communication between social care provider and healthcare staff to enhance patient outcomes.

9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Generally acceptable

All new admissions with drug and/or alcohol dependence were identified during their initial health screening. For those who had an existing prescription for OST, a process was in place for them to continue on OST medication such as methadone or a Buprenorphine injection during their stay in prison. Any requests from patients who wanted an alternate OST medication from the one that had been prescribed prior to admission into the prison were not provided. Given that this does not support a range of choice for patients, the SUT were currently reviewing the treatment options for patients with the view to offering patients more choice during their stay in prison.

The lead for the Clinical Team was the clinical nurse manager. A weekly Clinical Team Meeting was in place to review all new referrals and discuss complex patient issues.

Prior to the COVID-19 outbreak, the Addiction Team delivered assessments and reviewed clinics and pre-liberation appointments on a daily basis. During the inspection, inspectors saw the team were gradually re-introducing routine clinics as they come out of outbreak status. They offered assessments and pre-liberation appointments to all patients who were on an administration of OST script or open to the SUT. Similar to other clinical teams in the prison, the amount of patients the team could see was restricted. Any group work was not able to be carried out due to the lack of rooms and space available in the prison. Follow-up and treatment options were also limited.

Part of their remobilisation plans included the reintroduction of peer support workers who came into the prison prior to the outbreak from peers in North Ayrshire. Supervision and reflective practice sessions from the clinical psychologist were also planned to support the team.

At the time of the inspection, the waiting time for new referrals to addiction services in HMP Kilmarnock was six to seven weeks, which was longer than the three weeks from referral to treatment national heat targets. There had been challenges within the Addiction Team over recent months, in terms of vacancies and staff absences which had led to an increase in waiting times. Pre-pandemic inspectors were told that the Addictions Team were consistently achieving the three week target.

As discussed in QI 9.5 there was a duplication of work due to the repetitive entries into clinical systems for the SUT. Information was input on Vision, Care Partner and the national Drug & Alcohol Information System. Although this process again was time-consuming, it was helpful to have a record of the patient's pathway of care from the community to prison.

Pre-liberation naloxone training was still being offered, and transfer of care to community addiction teams remained in place for those patients who were engaged with medication assisted treatment. All patients were offered Nyxoid (nasal

naloxone) on liberation. Inspectors were told the uptake for Nyxoid was higher due to less stigma with nasal naloxone compared to using injectable naloxone. Even if people did not attend their pre-liberation meeting they were still offered Nxyoid in their kit for liberation.

The Addiction Team recently worked with a patient to develop a leaflet and poster with instruction on how to use Nyxoid which had been shared with various national networks. This leaflet was given to patients on liberation.

9.8 There is a comprehensive medical and pharmacy service delivered by the service.

Rating: Satisfactory

The pharmacy service within HMP Kilmarnock was staffed by two pharmacy assistants and had one vacancy. This service was supported by a clinical pharmacist provided by Lloyds for one day per week. Due to COVID-19 restrictions and lack of space in the Health Centre, the clinical pharmacist had not been regularly on-site but was available by phone or Microsoft Teams when required.

The GP carried out patient's medicine reconciliation and regular reviews of medication took place in response to requests, changes in ordering activity and reviews of kardexes. Staff could seek support from the professional pharmacy lead who had been active in developing Patient Group Directions (PGDs) and support the drive towards in-possession medications to encourage autonomy. Patients signed a contract when receiving in-possession medication which meant it could be revoked if concerns were raised.

Nursing staff ensured medication was delivered to patients before they attended court and to those being liberated, separately from the medication round in the house blocks. Patients attending court or being liberated attended the Health Centre for this. **This is good practice.**

The methameasure system was a computerised machine which electronically dispensed methadone and created an electronic controlled drug register for the dispensing of OST. There had been a move during the pandemic to have patients on in-possession medications, **this is good practice** and encourages autonomy. Inspectors were provided with the contract in place for patients to sign to take responsibility for this. Staff were witnessed to be concise and diligent during medicines administration and were adhering to safe medicines management practices.

There were safe systems in place to identify patients on medication. Patients must present their personal photo ID card as well as personal number in order to receive their medication. **This is good practice.**

HMP Kilmarnock had trained non-clinical staff to be competent witnesses in medication administration. This was in response to staffing issues and it had ensured there were no delays to medication delivery. **This is good practice** and the process was working well.

Controlled drug protocols as well as the recording register were subject to an independent inspection every three months. Inspectors reviewed these audits on-site.

Inspectors had raised concerns at the previous HIS liaison visit in June 2020 that there were no safe storage facilities in the cells. This was a continued concern as not all cells were single occupancy. For patients who were not in single occupancy cells, there was a potential risk of medication being misused by other prisoners who could gain access to it. This matter had been raised with the private contractor. Inspectors asked for a risk assessment to be put in place to outline how this current risk is being mitigated.

Medication times were taking place at times that support patient's needs.

Recommendation 55: 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 19: Nursing staff ensured medication was delivered to patients before they attended court and to those who were being liberated.

Good Practice 20: There has been a move during the pandemic to have patients on in-possession medications and encourage autonomy.

Good Practice 21: HMP Kilmarnock has safe systems in place to identify patients on medication. Patients must present their personal photo ID card and are asked to confirm their SPIN Number in order to receive their medication.

Good Practice 22: Competent witness training was provided for non-clinical staff to enable medication rounds to proceed without delay in the event of staff absence.

9.9 Support and advice is provided to maintain and maximise individuals' oral health.

Rating: Unacceptable

There had been a limited dental service in place during the pandemic, equitable with community provision. This has resulted in lengthy waiting times and at the time of the inspection it was 32 weeks for routine appointments and there were 56 patients waiting for Aerosol Generating Procedures (AGPs).

The infrastructure of the dental facility was not compliant with the standard set out in Scottish Health Facilities Note 36 Part 2. This was being raised as a concern and escalated with the Chief Dental Officer. **This is a significant concern.**

The dental room was not fit-for-purpose and staff were unable to regulate the temperature in the room. This made it extremely hot at times which was uncomfortable for both staff and patients. Staff were having to use a fan to cool the room down. This did not comply with guidance in place for the use of fans in clinical

areas (EFA 2019-001). A risk assessment for its use was in place. Senior staff told inspectors that they could deliver AGPs. **See escalation.**

The public dental service had been accommodating patients who required AGPs at a local dental surgery and had committed to more sessions to address the backlog. However, the continued concern was the ability to sustain this with ongoing community demand as well as anticipated increased demand for dental services, as services remobilise in HMP Kilmaronock. Furthermore, the public dental service will have to manage its significant backlog. **See escalation.**

The Dental Team had continued to run dental out-of-hour clinics. They had been liaising with the wider prison healthcare team to identify if individuals on the list for review were being isolated. There was excellent communication in place between the dental and healthcare team and evidence of multi-agency working. **This is good practice.** The continued concerns about the facility have been raised as part of an overarching healthcare SBAR. Inspectors escalated the concerns internally within HIS and with the clinical service manager for HMP Kilmaronock. Inspectors advised that they would be formally escalating these concerns to the EAHSCP, NHS Chief Executive, the SPS, and Serco.

Various pathways had been put in place to facilitate emergency, urgent and routine dental treatment out with HMP Kilmaronock. Provisions had been in place since the start of the pandemic to enable dental care where required. It was noted that there had been challenges in finding appropriate accommodation to be able to commence this. Individuals who were on the waiting list for a dental procedure involving an AGP were sent a letter to advise them of the delays associated with this. Previously, there was a waiting list initiative whereby plans were in place to transfer prisoners on the waiting list for a routine assessment out to Northwest Kilmaronock Area Centre and Cumnock Health Centre at the weekend. However, this was only for a short period of time.

NHS primary care staff were trained to triage dental patients and assess and support them. Emergency patients and patients in pain were prioritised by the Dental Team. However, the GP also reviewed any patients in pain in the interim. Nurses were trained in emergency dental triage, using AAA approach (antibiotics, analgesia and advice). **This is good practice.**

During the inspection, inspectors reviewed the processes for the decontamination of dental instruments and found good systems in place. An SOP detailed the process for the use of dental instruments and a clear decontamination and security pathway was in place.

Good Practice 23: Good communication was in place between the dental team and healthcare team within HMP Kilmaronock.

Good Practice 24: Nurses are trained in emergency dental triage, using AAA approach (antibiotics, analgesia and advice).

9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: **Not applicable**

There were no female prisoners in HMP Kilmarnock at the time of the inspection.

9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.

Rating: Good

Patients with a number of comorbidities, long-term conditions, or life limiting illness were added to the palliative care register on arrival into prison and were placed on either the red, amber or green palliative care pathway as per the Gold Standards Framework (2020).

All patients on the register were discussed by a multi-disciplinary team every eight weeks to ensure their health and wellbeing needs were being addressed and to agree an ongoing care plan.

Staff continued to maintain the palliative care register which was reviewed every three months through a multi-disciplinary team meeting via Microsoft Teams.

Patients had access to nursing staff, AHPs, clinical psychology, Chaplaincy, GPs and pharmacy. Key members of Serco staff were also involved in the palliative care meetings including social work and key workers. Nursing staff also ensured that all patients on the palliative care register had an up-to-date ACP which included their wishes for treatment and key family contacts. ACPs were the property of patients and were kept with them in their cells.

Patients who were part of the high clinical risk group were regularly reviewed at the palliative care meeting where consideration was given to their current health status and vulnerabilities, and the ongoing care plans that aimed to address these.

Unfortunately, due to COVID-19 there had been a reduction in the face-to-face contact with patients on the palliative care register. However, there had been discussions with each patient regarding the impact COVID-19 could have on them and agreement regarding their ACP.

As discussed in QI 9.6, high risk individuals had been offered the opportunity to have discussions about advanced care planning and ACPs were put in place.

There are plans to implement dry blood spot testing as part of the admission process, a local operating procedure has been developed, however the COVID-19 outbreak and staffing challenges have prevented this from being rolled out, however

conversations will take place on admission regarding BBV risk and onward referral made to the BBV specialist nurse where appropriate.

9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Satisfactory

Where possible, a registered mental health nurse reviewed all new admissions to assess the risk of self-harm.

Evidence of a good mental health multi-disciplinary team (MHT) was in place as discussed in QI 9.5. The clinical multi-disciplinary team discussed all patients who were on Rule 41 and were in the SRU and made decisions to refer to the MDMHT meeting chaired by Serco.

There were systems and processes in place in line with TTM. Anyone identified as being at immediate risk of self-harm or suicide, either on admission or while in prison were immediately placed on TTM.

TTM case conferences were attended by a member of the Mental Health Team. **This is good practice.** However, as discussed in QI 9.5, those patients referred to the Mental Health Team had limited treatment interventions due to capacity within the Mental Health Team and environmental restraints. **This is a concern.**

Staff had challenges with the people on TTM who were isolating. Staff were unable to speak to them in confidence as they could not leave their cells. This issue was not only where the individual was isolated but where the whole hall was in isolation.

Good Practice 25: TTM case conferences were attended by the Mental Health Team.

9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.

Rating: Satisfactory

Complaints, comments and feedback about healthcare services were managed in line with the local NHS complaints handling policy. Confidentiality protocols were followed, with complaints being recorded into the Datix system, however recommended response times were breached. This was mainly due to the impact of the COVID-19 outbreak with the prison healthcare team only reaching 52% of their five day to response target for stage 1 early resolution. **This is a concern.** For second stage complaints, where the response target was within 20 days, one person was breaching.

Good governance and reporting pathways were in place for responding to feedback and complaints. The prison clinical governance group reviews all feedback and

complaints recorded on Datix and looks for trends on how to provide service improvement. It was chaired by the associate medical director.

The senior leadership team considered quality issues as part of their core business. Central to this was the administration team who had clear robust systems of working that also enabled the team to work together to improve performance.

The SALT is developing easy read and visual guide feedback forms for patients.
This is good practice.

Good Practice 26: The SALT is developing easy read and visual guide feedback forms for patients.

9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.

Rating: Good

There was a cohesive relationship between healthcare and Serco. They both described the actions they would take to raise concerns about patients either for their own welfare, the welfare of other patients, or the welfare of staff where this was indicated.

Staff were able to explain the boundaries between professional and ethical issues. They were aware of the demands associated with delivering healthcare within the prison setting and the requirement for security.

Staff described using the 5/5 reporting system to document any emerging patient concerns. Where new staff were not familiar with this system, they described escalating concerns to senior staff without delay. Healthcare staff indicated that any issues requiring to be raised as a priority were raised through the Intelligence Manager in HMP Kilmarnock. The Intelligence Manager made regular visits to the Healthcare Team to support staff and share intelligence where this was deemed necessary. This took place confidentially and away from patient areas. All staff were aware of their legal obligations for confidentiality and keeping accurate and up-to-date records as part of maintaining their registration and commitment to the National Midwifery Council code.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Unacceptable

Following the HMIPS inspection in 2016, there was a planned programme of phased refurbishment work within the establishment, as much of the accommodation in the Health Centre was identified as no longer fit-for-purpose. This required substantial refurbishment work to enable the rooms to be used for clinical use. Unfortunately, only some of this work had been completed at the time of the inspection.

During the inspection, inspectors found several areas of concern. The fabric of the building was aged and had shown deterioration since the HIS liaison visit in June 2020. Areas where healthcare was delivered remained difficult to clean due to several issues:

- Paint peeling from walls, resulting in uneven surfaces.
- Dusty and dirty flooring in the triage rooms these rooms are not fit-for-purpose.
- Removable dirt and dust on skirting boards triage room.
- Blocked access to clinical wash hand basins in the treatment room.
- Visible dirt on waste bin in triage room.
- Broken cupboards in pharmacy room.
- Storage cupboards cluttered and full multiple items stored on floors throughout health centre due to space constraints.

The current accommodation impacted on the healthcare environment due to the size, poor layout, and large throughput of both patients and staff. The actual room capacity did not meet current demand for services. Therefore, there were significant restrictions on the numbers of people that could be seen within the Health Centre everyday which impacted on waiting times. The current infrastructure was no longer fit-for-purpose.

The private contractor Serco provided a cleaning resource in this area Monday to Friday as well as a visible pass men cleaning frequently touched surfaces. Products that met current national guidance during outbreaks were in use. Nursing staff were diligent and were seen to be cleaning the area regularly. However, the throughput of patients and staff made it difficult to keep the floors clean and dust and debris free. There was no cleaning provision at the weekends despite the Health Centre being in use. This was a real concern given the need to safeguard patients and staff during the pandemic and pending the refurbishment of the building.

Inspectors escalated the above concerns internally within HIS and with the clinical service manager for HMP Kilmarnock and advised that we would be formally escalating these concerns to the EAHSCP, NHS Chief Executive, the SPS, and Serco.

Clinical equipment was clean and ready for use and completed cleaning schedules were available for review. Inspectors saw evidence of a rolling programme of audits in place including a recent internal infection prevention and control audit where it was identified that the environment was scoring low.

The prison healthcare team were supported by the Infection Prevention and Control (IPC) Nurse Team Lead for Partnerships and Care Homes in NHS Ayrshire and Arran. Any advice or queries that arose in relation to IPC measure were raised directly via this route. Visits were carried out after the outbreak in March 2021. Contact had been made to put plans in place for a further visit when the current outbreak comes to an end. IPC audits were carried out by the prison healthcare team, which was complemented by the IPC nurse visits.

There was sufficient access to PPE and healthcare staff had not faced any difficulty in ordering these on a weekly basis.

Staff knowledge of standard infection control precautions was good, however practice was variable. Inspectors saw staff not adhering to national uniform policy and wearing jewellery as well as missed opportunities for hand hygiene. Inspectors raised this with the clinical services manager. Staff were seen to be using the appropriate PPE and had access to PPE stations throughout the Health Centre. Personal alcohol-based hand rub was also available at the point of care. Staff spoken with could tell inspectors how to access the latest version of the IPC measures online.

An escalation pathway was in place for COVID-19 positive patients who required a transfer to the Emergency Department during the in-hours period. To support PCOs with decision making during the overnight period, an out-of-hours escalation pathway was put in place. A different escalation pathway was in place for non-COVID presentations.

Prison healthcare staff maintained regular communication with the hospital ward and information was updated onto the patient's electronic medical record. Hospital staff also confirmed the date of discharge back to the prison when known. If a prisoner had been identified as a close contact or tested positive whilst at hospital, this was communicated to the Healthcare Team at HMP Kilmarnock, **this is good practice**.

All healthcare staff are provided with Lateral Flow Test (LFD) kits to enable twice weekly testing to be carried out. Whilst in the current outbreak situation, staff were required to test daily and report any concerns to their line manager. If a member of staff tested positive on their LFD, they self-isolate and their line manager must book them a PCR test through the NHS Ayrshire & Arran intranet. Once the result of the PCR test was known, a risk assessment was completed by the line manager to determine if the member of staff could return to work or remain in isolation and advice could be sought from Public Health Scotland if required.

A log was kept of the LFD kits that were issued to staff and there was a good supply available at all times for issue to the Healthcare Team.

Recommendation 56: EAHSCP, the SPS and Serco must provide suitable clinical accommodation to support safe and assessable access to healthcare.

Good Practice 27: Prison healthcare staff maintain regular communication with the hospital ward and information is updated onto the patient's electronic medical record. Hospital staff will also confirm the date of discharge back to the prison when known. If a prisoner has been identified as a close contact or tests positive whilst at hospital, this will be communicated to the healthcare team at HMP Kilmarnock.

9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.

Rating: Satisfactory

Day-to-day running of the healthcare service was challenging with current staff vacancies resulting in staff shortages. This is a national issue. Senior staff were responsible for staff rotas. Staff were allocated to tasks for the day including responding to emergency, transfers, liberations, medicine administration and clinic duties. The Team remained focused on providing the best service possible and worked well together despite of the shortage.

Staffing concerns had been escalated to the Head of Service, Associate Nurse Director and the Director of EAHSCP who had consistently been supportive of seeking to improve the staffing situation. They had permission agreed to go over compliment across general nursing, mental health nursing and at Band 7 level, given the turnover experienced.

The prison Healthcare Team had developed a competency framework for general nursing posts, however this had not as yet been ratified through clinical governance structures. They were currently testing out this framework with a new member of staff and hoped that their feedback would inform future development.

Senior staff described the challenges in accessing additional staffing from the nurse bank, due to the training, health and safety requirements to work within a prison environment. The dedication of the healthcare staff group was appreciated. There were some nursing staff within the prison who had been willing and able to undertake additional bank shifts. In addition, there was a small cohort of staff within the Health and Social Care Partnership (HSCP) and on the wider nurse bank who had completed the Serco mandatory training to enable them to work in the prison.

Throughout the outbreak, operational team meetings had been established within the wider organisation and had representation from Public Health, Acute Services, Serco, Scottish Ambulance Services and other key staff. This had allowed access to support and supplementary staffing from the wider organisation to assist with testing, observation checks and contact tracing which had been invaluable. Serco had provided support in allowing these staff to work in the prison without the relevant Serco training, however they were accompanied at all times by an NHS member of staff or a PCO.

Staff morale was low although senior staff acknowledged this and were proactively trying to address the issue through a variety of ways. NHS staff in HMP Kilmarlock could access a variety of support which included line management support and supervision, staff support service and National Wellbeing Hub.

Supervision and templates were in place and were managed by senior staff. Staff were expected to complete the template ahead of supervision which took place every four to six weeks. Band 5 staff were line managed by Band 6 staff and Band 6 staff were line managed by Band 7 staff. Turas appraisals were discussed at

supervision meetings along with training opportunities. Senior staff reported falling behind with appraisals due to the recent outbreak within the prison and all priority had been given to delivering clinical care. This would be reinstated as part of recovery and remobilisation.

Clinical supervision was offered to all the mental health nurses by the clinical psychologist and occupational therapist lead, however the uptake of this was low.

Despite the challenges, the senior team value personal development and education. There was a real focus on training the staff to support better care for patients however, this was restricted due to staffing issues. Inspectors saw examples of trauma informed care training being cancelled due to the inability of staff being able to be released.

Leadership opportunities were available in HMP Kilmarnock however these opportunities had not been a priority for staff during the pandemic and ongoing outbreak. Adverse event reviews took place every fortnight with all of East Ayrshire partnership where Datix was reviewed. This was fed back at weekly SMT meetings. SMT staff share outcomes from meetings and any updates and changes in policy at the daily safety brief.

There was a death in custody action plan in place. Staff were supported to debrief following such events and seek support from colleagues as well as externally. Simulation emergency training was available within HMP Kilmarnock where staff could update their skills. This will be a priority when outbreak status is no longer in place.

The leadership team in HMP Kilmarnock worked with staff following the first outbreak and developed a debrief poster for staff. The staff dining room displayed aspirations for both staff and management behaviours. **This is good practice** as it allowed staff to voice their concerns anonymously but in a positive fashion, and showed commitment from management to hear concerns. Links have been made with the staff wellbeing advisor with East Ayrshire who will be offering bi-monthly support sessions for staff.

Good Practice 28: The staff dining room displays aspirations for both staff and management behaviours. This allows staff to voice their concerns anonymously but in a positive fashion and shows commitment from management to hear concerns.

9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.

Rating: Satisfactory

The pandemic had had a significant impact on staff. HMP Kilmarnock had had two significant outbreaks of COVID-19. This had impacted on service delivery and brought additional workload to the team to support mass COVID-19 testing, health checks for positive cases and vaccination roll-out. This doubling-up of duties,

coupled with the difficult environmental challenges had placed a considerable strain on the service. However, staff remained focused on providing the best service possible.

The Healthcare Team is part of EAHSCP that falls within the remit of the Integration Joint Board (IJB). The Chief Officer had a fortnightly senior leadership group attended by all heads of service and senior managers of the EAHSCP. Any matters of significance were raised and considered at this meeting, such as any staffing challenges or outbreaks of COVID-19 in service areas. Areas of significance were escalated as necessary.

The prison healthcare team are mindful of the importance of good mental health support and the adverse outcomes of poor mental health, including suicides that have occurred in the prison.

The prison Healthcare Team reports adverse events through Datix which feeds into the EAHSCP adverse event review group where their level of review (for instance a Local Management Team Review or Significant Adverse Event Review) would be commissioned.

The prison Healthcare Team were also involved in the DIPLAR which took place in conjunction with Serco, no later than 12 weeks following a death in prison. The prison Healthcare Team recognised that improvements were necessary to support staff and prisoners following an adverse event and had initiated a death in custody working group to explore opportunities for improvement.

Learning was identified through the DIPLAR review in relation to the transference of healthcare services across the prison estate. It was recognised that there were gaps, noting that often individuals were transferred to another prison, without consultation with healthcare services. This was escalated through the National Prison Care Network by the clinical service manager, which has led to the agreement to set up a national short life working to review current pathways. This group was chaired by the clinical service manager in HMP Kilmarnock. They were also exploring additional external support to help them review and take forward this work.

Feedback was sought from patients and confidential boxes were available in the house blocks. This feedback along with complaints and positive comments influence the overarching departmental improvement plan. This was a rolling document that was reviewed annually to seek ways to improve. The current focus had been on providing a service during COVID-19. Staff had been asked to contribute to a debrief session that was made into a poster with recognition of achievements and agreed improvements.

Complaints, missed appointments and waiting times were collated weekly by the administration team. These figures were shared with the clinical services manager and with the direct line management structure. The clinical service manager had regular line management supervision with the head of service for children, health and justice where concerns relating to service delivery were discussed. These concerns were escalated to the Director of the EAHSCP.

There were regular scheduled planned meetings between Serco and NHS staff to discuss difficulties and challenges within the Health Centre such as patient flow. Good working relationships were apparent between both organisations and they meet on a regular basis.



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