HMIPS
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

Report on HMP Shotts

Full Inspection
17-21 November 2025



Contents

Introduction and Background 02

Key Facts 04

Overview by HMCIPS 05

Summary of PANEL principles 09

Summary of Inspection Findings 12

Standard 1 – Lawful and Transparent Custody 13

Standard 2 – Decency 15

Standard 3 – Personal Safety 18

Standard 4 – Effective, Courteous and Humane Exercise of Authority 21

Standard 5 – Respect, Autonomy and Protection Against Mistreatment 23

Standard 6 – Purposeful Activity 25

Standard 7 – Transitions From Custody To Life In The Community 29

Standard 8 – Organisational Effectiveness 31

Standard 9 – Health and Wellbeing 33

Annexes

Annex A List of Good Practice 38

Annex B List of Desired Outcomes 40

Annex C List of Ratings 44

Annex D Prison Population Profile on 17.11.2025 47

Annex E Inspection Team 49

Annex F Acronyms used in this report 50

Evidence Report

The full inspection findings and overall rating for each of the quality indicators **53**

Introduction and Background

This report was part of the programme of inspections of prisons carried out by His 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) to monitor the treatment of and conditions for detention. HMIPS is one of twenty-one bodies making up the NPM in the UK.

His 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.

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 an inspection. They also provide assurance to Ministers and the public that inspections are conducted within a consistent framework 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 separate '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 variety of techniques. These include:

- asking the Governor or Director in Charge for a self evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved
- 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 (SPS HQ) specialists
- conducting a pre-inspection survey with prisoners prior to the inspection
- reviewing the Independent Prison Monitor (IPM) reports and a focus group with IPMs

HMIPS was supported in our work by inspectors from Healthcare Improvement Scotland (HIS), HM Inspectorate of Education in Scotland (HMIE), the Care Inspectorate (CI), 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	Indicates **good performance** which may constitute good practice.
Satisfactory	Indicates overall **satisfactory performance**.
Generally Acceptable	Indicates **generally acceptable performance** though some improvements are required.
Poor	Indicates **poor performance** and will be accompanied by a statement of what requires **to be addressed**.
Unacceptable	Indicates **unacceptable performance** that requires immediate attention.
Not applicable	Quality indicator is **not applicable**.

2. A written record of the evidence gathered was 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 before final assessments are reached. This is to enhance the fairness of the process increasing the chances of unbiased decisions being reached in the completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit alongside this report on our website. The results of the pre inspection survey will be published at the same time.

Key Facts

Location
HMP Shotts is situated in the countryside, south of the M8 motorway near the Lanarkshire village of Shotts.

Role
HMP Shotts is the only prison in Scotland that solely accommodates long-term adult male prisoners. It also houses a national facility, the National Integration Centre (NIC), which holds adult male prisoners who are in the initial stages of sentences of eight years or over and prepares them for the eventual move to mainstream establishments.

Accommodation
There are two main residential units; Lamont Hall and Allanton Hall. There is also a 14-cell Separation and Reintegration Unit (SRU). All accommodation is designed for single occupancy, and each cell has an integrated toilet and shower.

Design capacity
The design capacity is 538.

Date of last inspection
May 2022

Healthcare provider
NHS Lanarkshire

Learning provider
People Plus

Overview by HMCIPS

Shotts had made progress since the previous inspection in 2022. The team had worked to deliver key recommendations in health and wellbeing which had previously been rated as poor and was now generally acceptable. Notable good practice here was the introduction of the clinical pharmacist two-days a week providing expert advice to the multi-disciplinary team to enhance patient safety and promote evidence-based practice, the out of hours clinical escalation pathway and the approach to health improvement and prevention activities.

Two standards had dropped from being rated as satisfactory to generally acceptable - Effective, Courteous and Human Exercise of Authority (Standard 4) and Respect, Autonomy and Protection against Mistreatment (Standard 5). Organisational Effectiveness (Standard 8) had improved from generally acceptable to satisfactory and Healthcare (Standard 9) had improved from poor to generally acceptable.

The essential foundation of a safe prison is respectful and constructive engagement by staff with prisoners, and relations were good across health, education, visits and industries as well as in residential areas. Although residential staff were mostly between the flats at the desk, the gates to the accommodation were open and prisoners were easily able to access staff. HMP Shotts is a great example of why being a prison officer is such a difficult and skilled job. Good relationships need to allow difficult conversations, and we witnessed some unwillingness to challenge inappropriate behaviour, such as around pantry access and food handling.

This also underpinned the judgements about Effective, Courteous and Humane Exercise of Authority and Respect, Autonomy and Protection against Mistreatment. Residential staff showed some complacency around safety and were unable to say which prisoners were where. With an ineffective complaints system in which prisoners had no confidence, where they could not log complaints confidentially and in which timescales for replies were not met, anxieties expressed by prisoners about their personal safety had nowhere reliably to be dealt with.

Senior managers were focused on violence reduction and in the “safe and secure” meetings, connected incidents with intelligence and identified suitable action including supporting prisoners identified as being in situations of vulnerability.

We cannot understand the practice of strip searching and body scanning every prisoner, especially when anything showing on the body scan will lead to a second strip search. Although we understand this is SPS policy currently we will continue to flag this until we see changes.

As we are beginning to find consistently in prison inspections, those held under Rule 95 in the Separation and Reintegration Unit had a significantly better level of staff support than those held under the same Rule on the wings. They experienced inconsistent access to their entitlements, including to fresh air. Prisoners with significant mental health issues were being held in the Separation and Reintegration Unit for prison discipline reasons (Rule 95) rather than on health grounds (Rule 41).

Care plans for those on the SPS Suicide Prevention Strategy, Talk to Me, and Management of Offenders at Risk due to any Substance, were incomplete, lacking reasons why time in the fresh air had been denied, and missing signatures and dates. Care plans were not always reviewed by healthcare staff and patients were not always involved in the reviews which did take place. Due to vacancies in mental health specialist posts, it had been challenging to engage in wider psychosocial support. There were pockets and silos of good practice which were happening organically rather than being driven by a strategic vision.

Nearly a quarter of the men held during the time of the inspection were over 50. The age of the prisoner population nationally is rising and not enough is being done to plan for their future support needs. The report tells the experience for one terminally ill man and the staff responsible for his care. With only four accessible cells, patient needs were constantly being assessed and prioritised, meaning some who had been allocated these cells were moved out to accommodate someone with greater needs.

Foreign national prisoners were another group in a situation of vulnerability who deserved a greater focus. There was a heavy reliance on peers to interpret on a daily basis and an insufficient use by staff of translation services to ensure those for whom English was problematic could understand prison processes applying to them.

There were 21 examples of good practice. The mentoring scheme for newly recruited staff was working well. New recruits were supernumerary in their first two weeks so that they could get to understand how the non-residential parts of the prison operated and handle prisoner requests more effectively. Newly promoted managers would benefit from a similar level of coaching and support. Poor completion rates for staff appraisals (38%) leave questions about how well performance is managed and improved across the prison.

The NIC provided an excellent introduction for prisoners beginning long sentences. Best described by one of its inhabitants: "...it's just like a big family here. The prison officers are always polite and courteous, and they try their best to help you."

The atmosphere was settled, the regime open and engaging, and staff enthusiastic and committed to their role. Particularly noteworthy was the 'Respect Me' anti-bullying training for prisoners there and the support offered to young men making the move to the adult estate from HMP YOI Polmont, who were visited by Centre staff ahead of transfer to prepare them for the transition.

Post-programme needs were effectively passed through to the Risk Management Team. Despite limited access to some programmes and recruitment issues in the psychology team, the Deputy Governor took a proactive approach to the ways in which prisoners could demonstrate progression during their sentence and the highest number of prisoners of any prison in Scotland were transferred to the National Top End and the Open Estate. Despite the long-term nature of the prison population and the desirability of men being liberated from less secure conditions, about 100 men a year were released from Shotts. Services for them were mixed. While support for benefits and employment was available, independent housing advice was not routinely provided. The health team ensured effective pre-release

links into community services and Mental Health and Occupational Therapists worked with patients six months before release on functional skills such as budgeting and cooking.

Shotts was in a stronger position than most other prisons in Scotland with no overcrowding and a settled population and therefore should be more ambitious. Work, education, recreational opportunities were much improved compared with 2022 when the regime was recovering from COVID-19 restrictions. There was a sufficient range of employment and education opportunities, with support for prisoners with low literacy skills and neurodiverse characteristics, but it was time to push further. Prisoners lacked the opportunity to secure vocational training and employment related qualifications. A much greater use of peer mentors and peer support was possible. Good informal mentoring existed in the library, work areas, education and drama productions. Formalising this with recognised educational qualifications also offered opportunities to bring staff out of their silos. Engagement by workshed staff with the new education providers to deliver embedded learning offered openings for collaboration which could only improve outcomes for prisoners. A dynamic multi-faith team supported many activities and initiatives, although there was no service at weekends.

The prison had worked to reduce regime clashes, but prisoners were still having to choose between activities and fresh air exercise, and getting to visits on time often meant curtailing lunch or time outside. On the halls, clothing, towels, mattress replacement, toilet paper and cleaning equipment were not managed effectively.

Evidence of action following consultation with staff and prisoners was mixed. The comprehensive engagement process undertaken by the Governor on her arrival was good and had included families, but ongoing consultation to drive improvements was not clear, and although the Prisoner Information and Action Committees reliably took place, prisoners did not feel they saw much change in the things which mattered to them. Relationships with staff were better and the Governor and deputy were highly visible. The regular prison staff meetings were positive and the vehicle where wider sharing and collaboration could take place. There was an element of disconnection between the vision at the leadership level and this being enacted on the front line. An example of this was a strong belief by staff and prisoners that budgetary constraints explained issues which were unresolved which was disputed by the management team. Throughout the inspection resource shortages were cited variously as the cause of a lack of clothing and items on the halls, especially warm and waterproof clothing and induction packs of clothing for new arrivals. An inability to deliver qualifications and limiting the production of events. Strong external partnership models provided the basis for improving internal ones. Opportunities to engage collaboratively internally included partnership work between mental health, the gymnasium and the Chaplaincy, and psychology and prison-based social work, in delivering better opportunities for prisoners to address needs. This all fitted with the vision the Governor had developed.

Inspectors described 57 desired outcomes, and we encourage the prison, SPS HQ and the NHS to focus on ensuring the following key ones:

Desired Outcome No.	QI No.	Desired Outcome
1	**1.1**	Prisoners are not routinely strip searched when a body scanner is used.
6	**2.2**	There is a well-managed process for delivering good hygiene and cleanliness throughout the prison, with appropriate equipment and cleaning chemicals available.
9	**2.6**	Prisoners judge food quality and acceptability more highly at the next inspection and standards for the safe handling, preparation and serving of food are met.
12	**3.4**	Prisoners feel supported in the event of bullying with a revised victim-centred national anti-bullying strategy implemented effectively.
14	**4.1**	Use of Force (UoF) levels reduce and, when used, are always properly recorded, with staff fully competent in Control & Restraint (C&R) procedures.
15	**4.2**	Prisoners held under Rule 95 are accommodated appropriately with statutory rights met and active support toward reintegration.
24	**5.4**	The prison regime is reliable and allows access to activities and entitlements such as exercise without having to choose between them.
26	**5.5**	Foreign national prisoners are provided with information and communication in a format they can understand.
27	**5.7**	Prisoners can submit complaints confidentially, receive acknowledgements and timely responses, and trust the complaints process.
33	**6.13**	All prisoners have access to an effective progression journey supported by adequate psychology staffing and programme delivery.
46	**9.2**	GP and ANP appointment rescheduling considers the clinical urgency of the original appointment.
52	**9.6**	All patients requiring hospital beds or assistive equipment are accommodated safely and without delay.

Summary of PANEL principles

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

Participation

A comprehensive engagement process had been conducted by the Governor when she arrived at the prison with prisoners and their families, as well as staff, to prioritise where improvements were needed and inform development of the prison's Annual Delivery Plan. Moreover 62% of prisoners reported in our survey that they were consulted about issues affecting their daily life, although only 18% felt that things changed as a result. Prisoner Information and Action committee (PIAC) meetings were intended to give prisoners a voice, but prisoners generally described the meetings as a 'tick-box exercise.' Foreign national prisoners confirmed that they did not know PIACs were taking place or their purpose. Prisoner feedback mechanisms, such as the food forum, were infrequent and poorly attended, limiting meaningful participation in menu planning. There was limited prisoner involvement in decisions regarding mattress allocation, hygiene supply distribution, and clothing provision. Prisoners said they were able to participate fully in Talk to Me (TTM) case conferences and had the opportunity to involve family if they wished. Similarly, prisoners spoken to who had been placed on Management of Offenders at Risk due to any Substance (MORS) procedures felt involved and supported through the period they were on MORS. Prisoners were encouraged to participate and engage in work parties, education, health and fitness and cultural activities and were consulted about these. Prisoners held within the SRU attended their Rule 95 case conferences and were able to have a voice and discuss their management plans and given the chance to explain their actions during Orderly Room adjudication hearings. Family contact was supported effectively through the programme of visits and virtual visits. Prisoners were fully involved in all Integrated Case Management processes but could not attend Risk Management Team meetings.

Accountability

Maintenance issues were logged and prioritised through the Agility system, and digital tablets improved reporting transparency. Industrial Cleaning Party staff and kitchen passmen had training records and procedures for infection control and food hygiene documented. Failures in communication between hall staff and central stores regarding mattresses and clothing indicated accountability weaknesses. Oversight of pantry hygiene, temperature checks, utensil management, and food safety was inconsistent, with senior managerial signatures missing on many occasions. Requests for basic hygiene items (toilet paper, towels) and clothing were often declined despite sufficient stock, indicating unclear accountability for resource distribution. Clear structures and contingency plans were in place to support emergency situations and unplanned incidents. Structures for monitoring and reviewing adverse behaviours and incidents through Safe and Secure focus meetings gave assurance and accountability to action intervention strategies. Assurance around Health and Safety (H&S) was limited with no full-time H&S co-ordinator in place but senior managers had been supporting co-ordination efforts. As we have seen in other prisons, awareness and assurance regarding implementation of the Think Twice Anti-Bullying Strategy was lacking, which must be addressed in the current national review of the strategy. There was insufficient

assurance that prisoners held on Rule 95 in residential areas were able to access fresh air daily. Eighty percent of prisoners said complaints worked badly and there were allegations of forms going missing. The complaints system lacked transparency, traceability and confidential access, and time limits for responses were not always met. However Subject Access Requests were processed timeously. Although the library was well stocked, the library service would benefit from a clearer longer-term strategy and tighter management grip. Recognising the impact of delays in accessing offending behaviour programmes, the prison was focused on helping prisoners and their personal officers to demonstrate change and compliance to support their progression. This included improving the use of information recorded on PR2 to demonstrate engagement with the supports available.

Non-Discrimination and Equality

Reception staff reported making use of translation services and information in different languages along with pictorial aids to help prisoners of all nationalities and communication abilities engage in the process. However, there was inconsistent use of translation services across the prison. Staff tended to rely on other prisoners acting as informal interpreters. Foreign national prisoners talked about difficulties in communicating with staff, feeling ignored and struggling to understand the visits process. Menu provision accommodated religious and cultural requirements (Halal, Kosher, vegan diets, and festival menus). There were accessible cells that could accommodate hospital beds and assistive equipment, but the limited number of these cells made it challenging to meet the needs of all patients requiring accessible accommodation. Control and distribution issues led to inequality in access to hygiene supplies, towels and clothing. There was support for prisoners with mobility issues to access exercise in the open air.

Empowerment

Induction was offered to every admission and even when they refused, the Induction Officer visited every individual to ensure they received key information regarding the prison and available services. The reception process identified individuals with additional support needs. There were numerous posters in key positions within the prison encouraging prisoners to take responsibility for their actions in relation to bullying. Prisoners were provided with sufficient information and support to understand Orderly Room processes and Rule 95 case conferences. Staff in different roles across the prison sat with prisoners with low literacy levels or neurodiverse issues to help them complete forms and understand the procedures involved. Programme materials were also adapted to meet the needs of neurodiverse individuals. Prisoners had low confidence in the complaints process which discouraged prisoners from challenging the prison where they felt that their rights or entitlements were not being met. The lack of opportunities to secure vocational training and other employability qualifications did not support efforts to secure employment on release. Conversely the integral role of prisoners in design, development and production of the STIR magazine was highly empowering for those involved.

Legality

Estates management and maintenance procedures followed regulatory standards for building and heating safety. Laundry and biohazard handling procedures were in place, and staff training in infection prevention and food hygiene was documented. Food safety management was not fully compliant with the SPS Food Safety Manual, and hygiene practices in pantries were inconsistent. Each case where UoF had been applied was documented and the UoF explained. Evidence supported good use of de-escalation processes during UoF incidents. Although there was access to the legal entitlement of one hour of fresh air a day, in some cases the time was cut short to 50 minutes and prisoners had to choose between finishing their lunch attending activity, visit or taking fresh air. For those on Rule 95 in the hall it was challenging to gain access to fresh air unless it was early morning in the SRU.

Summary of Inspection Findings

Standard 1 Lawful and Transparent Custody
Satisfactory

Standard 2 Decency
Generally Acceptable

Standard 3 Personal Safety
Generally Acceptable

Standard 4 Effective, Courteous and Humane Exercise of Authority
Generally Acceptable

Standard 5 Respect, Autonomy and Protection against Mistreatment
Generally Acceptable

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

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

Overview

Under this standard, five quality indicators were rated as satisfactory and three were rated as generally acceptable, giving an overall rating of satisfactory. There were two examples of good practice and four desired outcomes for improvement.

HMP Shotts does not receive admissions direct from court and the population was all serving long term sentences, therefore admissions from other establishments and liberations were low in volume. We were unable to observe any taking place, but staff were able to talk confidently about the process.

Those returning from a court appearance were observed. The reception process was efficient, and residential staff arrived to escort individuals back to residential halls timeously. The reception risk assessment process was conducted in the main search area and would be better conducted in a more private setting. Where a healthcare professional was not available and there was no immediate concern regarding an individual, reception staff completed the interim TTM observation form and the individual was escorted to the residential area to avoid being held in reception for an excessive time. Healthcare then completed the admission process as soon as possible. Strip searching continued despite the use of body scanners, raising concerns about necessity and dignity. Translation services were available, with information leaflets also available in various languages.

Residential areas completed an admission checklist with individuals which was passed to the First Line Manager (FLM) for assurance. They were then uploaded to Prisoner Records Version 2 (PR2), although some checked by inspectors had missing data and had not been properly quality assured.

HMIPS Standard 1
Lawful and Transparent Custody – Continued

Procedures for identifying and registering prisoners were well managed and met relevant Standard Operating Procedures (SOPs). All admissions transferred from another establishment had the hall and cell allocation identified in advance. The NIC FLM managed the population for this area, but they had a close working relationship with the FLMs for the rest of prison population to remove duplication.

Residential staff came to reception to meet and escort individuals to their allocated cell. All cells were single accommodation so there was no requirement for Cell Sharing Risk Assessments (CSRAs) to be completed.

Sentence calculations were being carried out accurately and promptly by Court Desk staff. Critical dates were not routinely communicated to prisoners before they left reception as all admissions were transfers and dates had previously been calculated and communicated to them. Where an individual attended court and there was a change to critical dates these were recalculated by the Court Desk and a letter was sent to the individual advising them of any change, and relevant external agencies were also informed.

Induction was offered to all admissions, and where someone refused to attend, the Induction Officer visited them in the residential hall to ensure they had vital information. Induction was not always offered within one week of arrival. Where someone was returned to HMP Shotts from open conditions or as a licence recall to custody, the Induction Officer met with them to check if they needed any support.

No liberations were scheduled during the inspection but two individuals due to be released had pre-release case conference minutes loaded to PR2 detailing support arrangements for release. Reception and Front of House staff all spoke through the liberation process in detail confirming that individuals were escorted out through the front of house reception. The release process was well described by staff. Reception staff handled documentation, returned the prisoner's property and funds were issued by Court Desk staff.

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

Overview

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 were no examples of good practice and six desired outcomes for improvement.

The prison was well maintained, with buildings, accommodation, and core facilities operating to a generally high standard. Evidence from staff, prisoners, and IPMs highlighted investment in environmental improvements and a proactive approach to infrastructure management.

The Estates Team was effective and well organised, despite two long-standing technical vacancies. Significant projects had been delivered and a recent external review identified only minor defects, confirming that the estate required no major additional work. Maintenance processes were robust and responsive. Faults were logged and prioritised through the Agility system, with more than 6,100 reactive tasks completed in the year to date with only a small number of non-urgent outstanding repairs. Accommodation standards were good across the establishment. Cells were clean, free from graffiti, well lit, and appropriately ventilated, with only minor issues awaiting repair. All but one cell was operational at the time of inspection. The prison was supported by a flexible five-year painting programme. Repainting of priority areas, such as Lamont Hall had been ongoing, and painting parties had been re-established to improve efficiency. Ventilation concerns were noted on the top floors of both halls due to the closure of ceiling windows. Although mechanical ventilation systems were in place, their effectiveness required further monitoring, and IPMs have been asked to review conditions during the warmer months.

Accessibility provision was reasonable, with well-equipped adapted cells on each hall's ground floor, but it was still challenging to accommodate the needs of everyone requiring accessible accommodation. While adaptations required SPS HQ approval due to anti-ligature requirements, estates staff valued the assurance this process provided.

HMIPS Standard 2 Decency – Continued

Overall cleanliness across the prison was good, with the exception of the pantries, and both staff and passmen demonstrated a solid understanding of infection prevention and control procedures. However, significant systemic weaknesses in equipment supply, storage, and operational processes undermined the ability of staff and prisoners to maintain required hygiene standards consistently. A major concern was the recurring shortage and poor management of basic cleaning equipment in both halls. Store cupboards frequently lacked essential items such as mops, brushes, and handles, and cleaning chemicals were not always stored securely. Prisoners and staff reported that equipment shortages forced them to search individual cells for items retained for personal use, highlighting a breakdown in supply control and storage procedures. Several chemical dispensing machines were out of service, and hall floor-cleaning machines, particularly in Lamont Hall, had been inoperable for over five months, resulting in visibly dirty communal areas.

The Industrial Cleaning Party's (ICPs) workspace, shared with recycling and gardening teams, was unsuitable for specialist cleaning functions due to its inherently contaminated environment and lack of a dedicated training space. Many long-term prisoners (LTPs) expressed frustration at their inability to maintain their living environment due to unreliable equipment availability and delayed repairs. Despite strong motivation and generally positive cleaning practices, these systemic failings negatively affected hygiene standards and created unnecessary barriers to maintaining a clean environment.

Cells were equipped with single steel beds securely fixed to the floor, and most prisoners had their own personal bedding. Central stores held sufficient prison bedding to meet demand; however, significant inefficiencies were identified in the allocation and distribution of mattresses. While mattress checks were included in the cell certification process, several levels reported delays in receiving replacements despite adequate stock. A breakdown in communication between hall staff contributed to inconsistent distribution, with some prisoners waiting several months for new mattresses. Although records of prisoners requiring replacements were maintained, they were not consistently acted upon.

Distribution practices for toilet paper varied between halls, with some staff strictly controlling access and others allowing unrestricted use. This inconsistency contributed to shortages. A uniform distribution policy should improve availability and fairness.

HMIPS Standard 2
Decency – Continued

Prisoners had access, on request, to essential personal hygiene items, including soap, shampoo, shower gel, and razors, supporting personal dignity and health. However, towels were notably scarce, with none observed in the hall storerooms. A disconnection between hall staff requests and store releases meant that many prisoners relied on personal towels. While core hygiene materials were accessible, persistent shortages of basic items such as toilet paper and towels required attention to ensure consistent standards of dignity and personal care for all prisoners.

Laundry services were effective, with prisoners able to have clothes washed at least three times per week and submit items without restriction. However, shortcomings were identified in the provision and distribution of prison-issued clothing. While LTPs often relied on personal clothing, standard prison attire was not reliably available for visits, work, or communal needs. Additionally, some prisoners appeared to be reluctant to wear recycled clothing, and laundered items were occasionally discarded by them simply for not being new.

The inspection and survey findings highlighted significant concerns regarding food quality, portion adequacy, hygiene, and service management at the prison. Survey results showed that 67% of prisoners rated food quality as “quite” or “very bad,” with only 32% reporting they usually received enough to eat. IPMs noted recurring shortages of cutlery, confirmed during inspection, suggesting a need for prisoner education on and staff attention to proper use and retention of utensils.

Widespread hygiene concerns were observed in most pantries, including dirty floors, microwaves and grills, unclean surfaces, and inconsistent use of whites and gloves. Pantry supervision was poor, leading to unsafe practices such as prisoners serving themselves from hot plates, heated trollies being left unplugged, no temperature probing and food being left to cool before service. Lockable cabinets for utensils were mostly insecure, increasing the risk of cross-contamination.

Menu provision accommodated religious and cultural requirements, including Halal, Kosher, vegan diets, and festival menus. However, menu planning was not informed by professional nutritional guidance or the Saffron Food Management System, resulting in limited variety and repetition. The Healthy Living Award held previously had expired in 2021, with no replacement accreditation achieved. A kitchen improvement plan initiated in early 2025 had made partial progress but was not fully implemented. Budget restrictions had affected supply requests and contributed to challenges in meeting demand. While the food leaving the kitchen was hot and well-presented, inconsistencies in service, poor pantry hygiene, unreliable access to utensils, and insufficient portions undermined the overall quality. Prisoner feedback sessions, such as the food forum, were infrequent and poorly attended, limiting the ability of the prison to address preferences and needs effectively.

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: Generally Acceptable

Overview

In this standard, four quality indicators were rated as satisfactory and three were rated as poor. The poor ratings pulled the overall rating down to generally acceptable. There was one example of good practice and three desired outcomes for improvement.

TTM was managed well with robust assurance through a compliance manager who was responsible for monitoring actions from the TTM books. The general standard of documentation was good. One desired outcome has been described due to the responsible person and countersignatures being missing on occasion from individual's daily narratives. A designated concern phone call database was in use, and this was well used and appropriately assured. Individuals on the MORS policy reported they felt being monitored on the policy was supportive. However, no narrative was detailed in care plans providing a rationale for not accessing time in the fresh air, so a desired outcome was given to address this.

A proactive and structured approach making links between incidents of violence and prisoners managed under the MORS policy and acting to reduce risk during periods of increased numbers of prisoners requiring MORS, improved the safety of the prison environment for prisoners and staff. In respect of operational readiness, there was a clear command structure in place accompanied with a range of contingency plans and SOPs.

The Think Twice Anti-Bullying Strategy was not used. There was no evidence of the policy being applied and staff had limited or no knowledge. Some evidence of how bullying behaviours would be dealt with were provided, and staff evidenced safe action through intelligence and formal reporting methods which provided supportive intervention, rather than using the formal Strategy. Inspectors recognised the Think Twice Strategy is currently under review. The revised national anti-bullying strategy should be embedded across the prison to give a clear and consistent framework for supporting individuals affected by bullying, intimidation, or harassment. Inspectors noted some good practice with the NIC providing Respect Me awareness sessions to support prisoners to understand bullying behaviours and encourage individuals to respect each other.

HMIPS Standard 3
Personal Safety – Continued

Although there was a H&S policy in place which provided guidance to staff there was no H&S co-ordinator in role, with some oversight from SPS Headquarters. There was an H&S SharePoint site which contained a variety of Risk Assessments and Safe Systems of Work, many of which needed updating. It was difficult to establish clear actions from H&S inspections with such limited governance, although a schedule was in place. Stronger compliance and assurance with a clear and consistent reporting structure was required. The prison had recognised the risk around H&S compliance with no full-time co-ordinator in role, and Accident at Work Reports were being maintained to standard within timescales.

Jim's Story

In the foreword we said HMP Shotts is a great example of why being a prison officer is such a difficult and skilled job. This is equally true for all staff who work with Scotland's prisoners. We want to share with you, with his agreement, the situation for one LTP whose situation is increasingly common for the elderly, frail and terminally ill prisoners in Scotland's prisons.

Jim (not his real name) had served decades when he was diagnosed with terminal cancer. In prison your agency is forfeit along with your liberty, so he had no power to influence things when the support he got immediately after that terrifying diagnosis was somewhat disjointed. Staff at the prison realised things were not as they needed to be, so a multidisciplinary team was set up to address his immediate and longer-term needs and ensure he received the care he needed.

The team included a Unit Manager as well as a FLM, his personal officer, the NHS, his prison-based social worker, the Chaplaincy and the Armed Forces charity, the Soldiers, Sailors and Airmen's Families Association (SSAFA), as Jim was ex-forces. They met weekly to ensure that the care package and management plan was appropriate and checked with Jim that his needs were being met. His family was updated regularly and invited to attend meetings. As the family lived a long way from the prison, they were offered the opportunity to attend virtually. Should Jim have become bed-bound, the family knew they could visit him in his room.

To make his life more comfortable, Jim was given money through both prison and chaplaincy funds to buy things he might need or want. He said he found the support given to him extremely helpful and he really appreciated it. He told us he always felt part of the decision-making process and always understood the decisions that were made.

HMIPS Standard 3
Personal Safety – Continued

He spoke about the darker times when he had felt low and suicidal. At one stage he had been subject to the SPS Suicide Prevention Strategy, TTM, when he was observed constantly. The situation for the dying man and for staff was one few of us face. In prison the staff had a duty of care to Jim which meant they had to support him beyond wanting to take his own life to facing the end of it through cancer. Jim was able to come through this exceptionally low time relatively quickly and, although deeply unhappy at having been constantly observed, he accepted this was the only course of action open to staff given his prisoner status.

The circumstances of Jim's cancer were such that his tumour might burst. With his agreement, staff were briefed and guidance developed, along with an emergency grab bag with dressings and other medical aids, to respond properly should this happen.

Through discussions Jim signalled his wish to be given compassionate release so as not to die in prison. This is by no means the case for everyone. Many prisoners, especially long-termers, have closer friendships and greater support networks inside prison than out. In August Jim's compassionate case for release was submitted and a parole hearing set for November. The social work and palliative care teams looked at the hospices available to Jim and asked which he preferred. SSAFA funded the place Jim chose. Jim and staff alike were anxious in case death came before the decision could be made, as they had seen this happen with others before. To everyone's relief on 26 November 2025, the parole hearing released Jim on licence. Jim said he was "over the moon" demonstrating how important it was to him to die in a manner he chose. Residential staff packed Jim's belongings for him and supported him to reception, and operations staff escorted Jim and all his property to the hospice. The same staff helped him to unpack before shaking hands and saying a final goodbye.

We flag in this inspection report that nearly a quarter of the prisoners held at HMP Shotts are over 50. Cancer does not only affect older people, but many additional vulnerabilities and frailties are often experienced in later life. The age of the prisoner population nationally is rising. There is currently no strategy or plan for how this entirely predictable set of needs will be addressed.

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

Overview

In this standard, five quality indicators were rated as satisfactory, four were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were no examples of good practice and eight desired outcomes for improvement.

The prison attempted to provide a safe environment for prisoners and staff. This was evidenced in the UoF process where staff de-escalated where possible and followed correct processes with recording removals. There was also a clear link from any UoF to the Safe and Secure meeting which identified actions to reduce violence.

The management of prisoners held on Rule 95 in the SRU was good, with staff and FLMs having a good knowledge of the system and the prisoners. Prisoners acknowledged how well the SRU was managed and the feeling of support they received. Unfortunately, this was not the case for those held on Rule 95 within a residential area, and work is required to ensure they are offered an equal regime. There was also surprisingly limited evidence of the use of Rule 41 in the establishment, particularly as staff were highlighting individuals with potential mental ill health.

Unit Managers appeared knowledgeable about the Orderly Room process and provided support to prisoners throughout the process, ensuring they were aware of their rights.

There was a good system in place to monitor and manage prisoners who were on Special Security Measures (SSMs) and also for cell and area searches and the recording of this information. Staff searching was inconsistent during cell and rub down searches.

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

Prisoners had access to their property and personal cash. Reception processes were robust, and all property was recorded on the prisoner's property card. The establishment had a good reception request system which was used to record and action any property related issues, but delays swapping property were unacceptable. The pro-forma system was clear and easy to use for staff, prisoners and families. Access to cash was available to all prisoners through canteen and sundry purchases on a weekly basis.

There was a good process in place for managing the risk of prisoners leaving the establishment on escort.

Mandatory drug testing was effective, mainly being used for progression and parole cases, but also for conducting suspicion risk assessments when required. Staff appeared knowledgeable and provided as much dignity as possible during a difficult and embarrassing process.

Staff in the Electronic Control Room (ECR) were well trained and monitored prisoner movements effectively. Mass movements of prisoners were controlled and managed well. Residential staff were too often unaware of which prisoners were where and too often relied on prisoners to tell them.

The processes for managing those entering and exiting the establishment and maintaining security around the perimeter and the structural integrity of the prison were followed.

Overall, the prison had good processes in place for the effective, courteous and humane exercise of authority, but there were inconsistencies in their implementation.

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: Generally Acceptable

Overview

In this standard, three quality indicators were rated as satisfactory, four as generally acceptable and one as poor, giving an overall rating of generally acceptable. There were no example of good practice and seven desired outcomes for improvement.

This standard highlights several positive practices; dignified handling of family news, respectful staff/prisoner relationships, secure handling of confidential information, a structured daily regime, and a functioning IPM system. The most urgent issues lie in the inefficiency of the complaints system, its lack of confidentiality and the low trust placed in it by prisoners, and in improving meaningful engagement for prisoners, especially foreign nationals.

The prison reliably collected next-of-kin details at admission and communicated sensitive family news (illness, death) in a private and dignified manner.

Staff/prisoner relationships were generally positive, with most prisoners reporting they felt treated with respect. The Personal Officer scheme was working significantly better than in other establishments, though staff absences created some challenges. Staff treated prisoners respectfully, but good relationships needed to allow for difficult conversations, and we witnessed some unwillingness to challenge inappropriate behaviour and some complacency about safety.

HMIPS Standard 5
Respect, Autonomy and Protection Against Mistreatment – Continued

The prison met obligations around the protection of personal data.

The prison regime was generally stable and predictable. It provided consistent and reasonable periods of time out of cell, although staff shortages sometimes affected regime delivery and prisoners sometimes had to choose between gym, work and exercise. There was a well-regarded mentoring scheme for staff which supported them in delivering a safe, well-ordered environment and proportionate use of authority.

Communication systems such as hall noticeboards, the prisoner information channel and the kiosks were effective. But while 62% of prisoners felt consulted, only 18% believed things changed as a result. PIACs were taking place, but their effectiveness varied. Foreign-national prisoners faced barriers because of inconsistent use of translation services meaning access to information was patchy and some prisoners and staff struggled with communication.

Prisoners had good access to information about their rights and confidential access to their external representatives. Staff assisted prisoners who struggled to read and write with forms.

The complaints process was poor. The prisoner survey data showed 80% of prisoners thought it worked badly, and they distrusted the process citing delays and lost forms. No complaint boxes were available in halls, compromising confidentiality and risking forms going missing. The prison recognised these problems and was acting to improve the process locally.

IPMs made weekly visits, had safe access, and engaged with senior managers, but prisoner awareness of the IPM service was low.

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

Overview

In this standard, nine quality indicators were satisfactory, three generally acceptable and three poor, giving an overall rating of generally acceptable. There were two examples of good practice and six desired outcomes for improvement.

The prison offered a sufficient range of employment opportunities in well-equipped purpose-built workshops. These matched the age, ability and preference of most prisoners who wanted to work. However, despite encouragement by staff, prisoner participation rates in work parties were low. Prison staff did not record or accredit vocational qualifications for prisoners in work parties. This prevented prisoners from gaining qualifications which may be useful on their release. Overall, there was a limited range of employability certificates and no vocational qualifications available for prisoners.

The paid work policy was fair and thorough and the rationale for the allocation of paid work roles was clear, defined and understood by staff and prisoners. Prisoners were made aware of the available work parties during their induction to prison and all eligible prisoners were encouraged to attend a work party. All prisoners were given the opportunity to discuss their employment opportunities and individual skills and learning objectives. Where possible, the needs of the prisoner took precedence over the needs of the establishment.

All prisoner populations had access to education and there were sufficient opportunities for almost all prisoners who wanted to attend education. Prisoner attendance at timetabled classes was reasonably high at around 75%. However, only a third of prisoners were engaging in education.

HMIPS Standard 6
Purposeful Activity – Continued

The education centre offered a good range of subjects to prisoners. Prisoners serving longer sentences found that the range and level of subjects limited their opportunities for progression. Formal surveys of prisoners' views about the education offer had been suspended.

All prison populations had the opportunity to access a good range of sporting and fitness activities in well-resourced gym facilities. Many prisoners made good use of the satellite gyms on each residential hall. The prison also housed the NIC which contained good quality sporting and fitness equipment. Physical Training Instructors reviewed the schedule of activities regularly, often in consultation with prisoners, and adjusted it to help maintain prisoners' interest and support their needs. An accredited award through Active IQ offered a cost-effective route for prisoners to achieve the Level 2 Gym Instructor certificate.

At the time of the inspection, library services relied solely on a recently appointed passman. There was no clear SPS management responsibility or strategy for library services. Education centre staff provided unofficial and ad-hoc support for activities in the library. There was a risk that if the passman stood down, or education staff no longer provided support, the library service for prisoners would cease. There were no satellite libraries located in residential halls. Space in the library was limited, especially for group work or breakout activities.

The prison offered a wide range of recreational activities and events. These were promoted on the prison TV and Kiosk system to encourage participation.

Prisoners were consulted regularly both formally and informally on the range of activities and where possible their opinions were taken into consideration when planning events. Workshops in the creative HUB supported prisoners to address individual challenges and build essential skills. The Links Centre offered services to support rehabilitation.

Not all prisoners received their daily legal entitlement of one hour of fresh air daily. Each level within the residential hall had access to their own exercise yard for fresh air, and there was a staggered timetable to support access for individual prisoner groups. However, individuals who were not in the hall at that time did not have that access. Four sessions of afternoon visits could also impinge on a person's access to fresh air: if they chose the 13.15 session they had to leave the exercise yard early. Giving access to fresh air for those on Rule 95 in the halls was also challenging. Offering it first thing in the morning in the SRU ensured uptake was low. The lifts in the halls were used to assist prisoners with mobility issues getting to and from the exercise areas.

HMIPS Standard 6
Purposeful Activity – Continued

The Chaplaincy Team was well resourced, representing the major faiths within the prison. There was a multi-faith centre within the new Hub centre. Services were not offered at the weekend unless for specific religious ceremonies, but there were many activities and events throughout the year. The Chaplaincy supported prisoners and staff if there was a death in custody and was the link to families during the Death In Prison Learning Audit and Review (DIPLAR). Chaplaincy were supported by 17 partner organisations and ran courses such as the Sycamore Tree.

There was adequate information both for prisoners and visitors on the timetable and the process for booking visits, and the visiting allocation was equitable for all cohorts. There were a few different supportive visits, and overall, the availability of sessions far outstripped demand. Extended visit periods for fathers and children were available Monday to Friday and at the weekends. There was also a breakfast club at the weekend, supported by prisoners and the third sector, and SPS provided breakfast rolls. The area was well lit and colourful with artwork produced by prisoners on the walls. The atmosphere was relaxed and relationships between staff and prisoners felt positive. Staff were seen to be courteous, friendly and helpful.

The uptake of Virtual visits was low, with complaints that the connectivity was problematic. Prisoners who did not have English as a first language found understanding the visit procedures problematic. Where there was a need to arrange more sensitive visits such as a death in the family, the prison offered several alternatives to a normal visit. The visits were supported by a family contact officer as well as outside agencies, which was well received by prisoners.

There was no evidence that visits were withdrawn as a punishment and fathers who were on closed visits could still have a visit with their children in open conditions. Out of a population of around 539, there were three prisoners on closed visits during the inspection. The timescale for being on closed visits was between one and three months and all cases were regularly reviewed.

In the last year both Constructs and Pathways programme delivery had been halted. The impact on progression had been managed by highlighting non-programme ways where prisoners had addressed offending behaviour, lending to a more holistic view of sentence management including Alcoholics Anonymous and the Twelve Steps programme, mindfulness, and other, bespoke, interventions. The prison still offered two courses: Discovery, designed to reduce violence and aggression, and Self Change, which is a person-focused programme that allows individuals to work at their own pace.

HMIPS Standard 6
Purposeful Activity – Continued

The Psychology Team was under-resourced due to empty positions. Generic Programme Assessments (GPAs) and Level of Service/Case Management Inventory (LSCMI) assessments were up to date. The establishment progressed the highest proportion of individuals to less secure conditions nationally. The ICM Team was well run. A minimum of two Risk Management Team meetings (RMTs) took place every month with a minimum of five cases being reviewed at each. Additional RMTs were scheduled as necessary to ensure no backlog of cases. Personal Officer input to progression was not consistent across the establishment with some areas evidencing good engagement while in others it was very limited. A high percentage of prisoners attended their ICM. Family engagement had improved from the previous inspection but was still low. Prisoners were not allowed to attend RMTs.

There was a system in place to manage both those on Orders of Lifetime Restriction (OLRS) and Multi-Agency Public Protection Arrangements (MAPPA). Staff had a good knowledge of the types of behaviours to look out for and reported on OLRs through monitoring sheets on the halls. The ICM Team had built up strong positive relationships with other agencies such as Police Scotland and social work. Prisoners were informed that they were to be released under MAPPA when they attended their first ICM instead of as soon as this was known.

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

Overview

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 two examples of good practice and four desired outcomes for improvement.

The prison demonstrated a clear commitment to preparing prisoners for successful progression and reintegration into the community. Strong partnership working between prison-based social work, case management team, psychology, programmes staff, and community partners supported the development of release plans. For those subject to MAPPA, detailed arrangements and clearly defined responsibilities were consistently in place.

ICM and parole processes were firmly embedded, coordinated by a dedicated case management team, and supported by effective collaboration with statutory partners. Improvements were noted in the timeliness of LSCMI assessments following the introduction of a robust tracking system, and mentoring initiatives strengthened the quality of Personal Officer contributions to progression decisions.

The programmes team and psychology staff continued to deliver offender behaviour programmes in line with SPS expectations, despite national psychology vacancies affecting delivery of the Self Change Programme (SCP). Resources were reallocated to increase delivery of the Discovery programme, and adapted materials ensured accessibility for neurodiverse prisoners. However, national waiting lists for accredited programmes and the pausing of Constructs and Pathways contributed to delays in progression, requiring alternative evidence of engagement to be gathered.

HMIPS Standard 7
Transitions From Custody To Life In The Community – Continued

Prisoners were routinely involved in ICM case conferences, supported by Personal Officers and case managers to contribute meaningfully to planning. Family involvement was actively facilitated, and interpretation services were available when required. Contribution to RMT processes remained challenging due to the sensitive nature of discussions, but prisoners were encouraged to submit self-reports, which were consistently reviewed and supported with constructive feedback.

While the Links Centre provided access to benefits and employability support, external agency presence was limited, and independent housing advice was not routinely available. Post-release services were minimal, with voluntary throughcare offered by community-based social work.

Overall, the prison demonstrated good practice in mentoring, partnership working, and programme adaptation, but improvements awee required to reduce programme delays, strengthen housing support, and increase Personal Officer engagement in case conferences.

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

Overview

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

Action to promote Equality and Diversity (E&D) was more embedded than we found in our last inspection, with a E&D strategy and action plan in place and prisoner representation on the E&D committee. Concerns remained about the extent to which foreign nationals were adequately supported within the prison. 45% of those living with long-term health conditions felt the support they received was poor.

There was an effective process for responding to external scrutiny reports, with action trackers and progress regularly reviewed by SMT in the monthly business review meetings and six-monthly meetings with the Director of Operational Delivery.

The Governor had led a very comprehensive engagement exercise with staff, prisoners and their families to identify priority areas for improvements and prisoners had been involved in designing the survey questions. The results helped guide development of the Annual Delivery Plan and the Governor had established a series of working groups to address issues and drive the overall improvement agenda.

Although the prison was behind schedule in maintaining core training competencies at the target 95% level, due in part to the Learning and Development Manager's sick leave earlier in the year, a number of important initiatives were supporting learning and development objectives.

HMIPS Standard 8
Organisational Effectiveness – Continued

The prison operated a "soft landing" for new residential staff, allowing them to work alongside operational staff and learn about other parts of the prison before taking up their role in residential areas. The prison was also operating one of the most effective mentoring schemes we have seen in any Scottish prison, which was appreciated by both new recruits and more experienced staff when taking on new roles. The senior management team were also supporting a more generic development programme through championing the Seven Habits of Highly Effective People model with 60 staff trained on that at the time of our inspection and plans to extend that further.

Initiatives such as these and shared developmental models also supported efforts to promote a better understanding of the work carried out by others in the prison and the challenges facing others, with the intention of promoting unity of purpose. Feedback from the healthcare team indicated further work needed to be done before the roles and challenges of every team are understood and respected by all.

The prison used the traditional mechanisms of Butler Trust, Chief Executive and Governor awards to recognise good performance. The prison had a system for managing sick absences and dealing with any misconduct issues but the return rate for completed appraisals was poor and needed greater attention. The participation rate for the People Survey was also extremely low, and a Shotts developed and delivered shorter survey might give staff more confidence in giving feedback locally.

The prison was working with a wide range of partners, particularly around addiction recovery and mental health issues, which was a real strength, and the prison aspired to go further particularly around transition arrangements for young men facing lengthy sentences when moving from HMP YOI Polmont to the adult estate. The prison supported various community projects through its timber construction work party.

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

Overview

In this standard, three quality indicators were rated as good, seven as satisfactory, and six as generally acceptable. One was not applicable and the overall rating was generally acceptable. There were 12 examples of good practice and 16 desired outcomes for improvement.

Healthcare received an overall grading of poor at the last inspection in May 2022. This was because of concerns regarding the management of long-term conditions, pharmacy provision and GP cover. These concerns were formally escalated to North Lanarkshire's Health & Social Care Partnership (HSCP), NHS Lanarkshire's Chief Executive and the SPS Chief Executive.

In this inspection medical cover had improved with an increase in GP cover, the introduction of an Advanced Nurse Practitioner (ANP) and robust systems were in place to access medical advice when the GP or ANP were not available. Long-term conditions were now managed in a way that was equitable to the community and the introduction of a birthday register ensured that annual reviews were scheduled. Clinical pharmacists were now available in HMP Shotts two days per week. This had enhanced patient safety, promoted evidence-based practice, and improved management of medicines.

This inspection also highlighted strong operational leadership, with daily governance structures supporting safe and coordinated care delivery. Staff demonstrated competence and compassion, with person-centred approaches evident across mental health, substance use, and primary care services.

HMIPS Standard 9
Health and Wellbeing – Continued

Culture and Leadership

The healthcare leadership team at HMP Shotts provided clear and well-structured leadership, supported by regular meetings and daily huddles. Recruitment had brought staffing close to agreed levels, but concerns remained about whether current numbers and skill mix met the population's needs. The introduction of seven-day working for the mental health and addictions teams to improve continuity of care and risk management was positive. A workforce review was planned.

Staffing gaps were managed through staff being offered extra hours and bank nurses, though reliance on existing staff for mental health cover was unsustainable and posed risks to wellbeing. SafeCare was due to be implemented to support compliance with the Health and Care (Staffing) (Scotland) Act 2019. Staff received comprehensive induction, mandatory training was up to date, and access to appraisals and supervision was in place.

Governance operated through North Lanarkshire's HSCP structures, with clear reporting lines and representation at meetings. Staff described senior leadership as visible and supportive, and a positive culture of joint working between HSCP and SPS was evident. Incident reporting and adverse event reviews were managed effectively, with evidence of learning and improvements.

Primary care

Effective systems were in place for registered nurses to complete healthcare screenings for individuals transferred into the prison using the patient care record system, Vision. Screenings were carried out in a dedicated consultation room that had improved since the last inspection. The layout of the room posed a safety risk which should be addressed.

All new arrivals were offered an SPS induction with healthcare information provided, but attendance was inconsistent and therefore not all individuals received information on how to access healthcare services. Following their initial assessment, all transfers were offered an appointment with the ANP. Individuals at risk of self-harm or suicide were managed under the SPS TTM strategy.

Health care operated an accessible, coordinated, person-centred model via ANP, GP, and nurse-led clinics. Out-of-hours provision gave access to senior clinical decision makers 24 hours a day. Self-referral forms supported literacy needs but were not available in multiple languages. Interpretation services were available.

HMIPS Standard 9
Health and Wellbeing – Continued

The dental environment was clean and well maintained, with systems ensuring safe handling of sterile instruments. Patients accessed dental care through self-referral. Increased dental sessions had improved access, with waits of 12 weeks for routine treatment and emergencies being seen within 24 hours, meeting national guidance. Oral health educators provided general self-care advice and additional information was accessible through multiple information channels.

Mental Health

The mental health team had clear referral processes and responded promptly to urgent cases. Routine assessments were completed within four weeks. Psychology assessments met standards, but treatment waits were long, up to 40 weeks. Self-help resources and multi-agency forums supported care, and psychiatry reviews averaged two to four weeks despite the staffing gaps. Cognitive impairment pathways and neurodevelopmental support were under review, with good practice noted in pre-release planning. Overall, the team was responsive and worked within available resources.

Substance use

The addictions team had clear pathways for supporting individuals who used substances. For patients on Opiate Substitution Therapy (OST), continuity of medication after transfer was ensured.

The addictions team had provided a prompt and effective response to admissions and referrals, ensuring that patients requesting support or requiring follow-up, including continuation of OST, were seen by an addictions case worker within one to two days of arrival.

There was evidence of the implementation of Medication Assisted Treatment (MAT) standards MAT2, ensuring safe, recovery-focused OST delivery. OST delivery reflected patient choice.

Patients who had been placed on MORS received a letter offering continued engagement, with plans for follow-up visits, which was a positive development.

All OST patients had a care plan and risk assessment in place; however, review processes were delayed due to high caseloads and staff sickness. Recruitment efforts and the introduction of a new database are expected to strengthen oversight.

Addiction case workers provided non-pharmacological interventions and facilitated group sessions in the enabling hub, which was run collaboratively by the SPS, third-sector agencies, volunteers, and health staff.

HMIPS Standard 9
Health and Wellbeing – Continued

The team was primarily focused on patients receiving OST, reflecting service priorities and limited staffing. Despite this, the team was effectively using available resources and maintained strong links with community and third sector agencies to support continuity of care on liberation.

Long-term conditions, palliative and end of life care

The inspection found that long-term health conditions were identified either during a patient's transfer to prison or through self-referral to healthcare services. To support better health outcomes, annual reviews were scheduled for all patients in the month of their birthday, facilitated by a birthday register. These reviews ensured that health checks were completed and that long-term conditions were managed appropriately.

Management of patients with long-term conditions was nurse-led with GP support and delivered in a way that was equitable with community provision. Care plans were in place for patients identified as high clinical risk; however, not all care plans reviewed showed clear evidence of patient involvement in planning and agreeing their care. Frailty assessments were completed in line with NHS Lanarkshire's community nurse assessment. A named nurse system ensured that assessments and care plans were regularly reviewed.

Accessible cells were available to accommodate hospital beds and assistive equipment, although the limited number of these cells made it challenging to meet the needs of all patients requiring accessible accommodation. Risk assessments were carried out to prioritise patients requiring accessible accommodation.

Strong links had been established with secondary care, community services, and Macmillan Cancer Support, promoting continuity of care and improved health outcomes. Patients with palliative care needs were identified using the Lanarkshire Palliative Care Assessment Tool (LPCAT), which provided a consistent approach to assessment. Inspectors saw evidence that all patients with palliative care needs were actively involved in planning and agreeing their care, which was considered good practice. These patients were discussed at monthly multidisciplinary team meetings, ensuring collaborative and person-centred care. Processes were in place to access assistive equipment and social care.

Referral systems were in place for podiatry, optician, and physiotherapy services, and patients and staff had access to support from the community rehabilitation team.

HMIPS Standard 9
Health and Wellbeing – Continued

Infection, prevention and control

The health centre and dispensary/healthcare areas in the residential units were in good repair, well maintained, and visibly clean, allowing effective cleaning. Patient equipment was clean, in good condition, and ready for use, with adequate PPE stored appropriately and hand hygiene facilities available.

The health centre was cleaned by an external company contracted by the SPS. Passmen cleaned floors and emptied bins in residential healthcare rooms, while healthcare staff cleaned surfaces. A chlorine-releasing agent was available for managing blood and body fluid spillages in the health centre, and biohazard-trained passmen managed spillages in residential areas.

Regular three-monthly environmental infection prevention and control (IPC) audits were carried out by the senior nurse, with no significant issues identified. Monthly hand hygiene and uniform audits demonstrated compliance. Staff had access to IPC resources via the intranet. All staff had completed mandatory IPC training, and those observed during inspection were compliant with standard infection control precautions.

Annex A

List of Good Practice

Practice No.	QI No.	Good Practice
Standard 1 – Lawful and Transparent Custody		
1	1.2	The NIC FLM taking time to meet a young person on four occasions prior to transfer to prepare them for transition to HMP Shotts and the adult estate.
2	1.8	The Links Centre Officer following up all refusals to attend induction by attending the residential hall to meet prisoners and identify any support needs.
Standard 3 – Personal Safety		
3	3.4	Respect Me training provided within the National Induction Centre to increase awareness of bullying behaviours and their impact on others.
Standard 6 – Purposeful Activity		
4	6.6	A Dad's Homework Group organised with external support from teachers to help fathers understand and support their children's learning and educational development.
5	6.8	Chaplaincy and community support providing a wide range of faith-based, wellbeing and rehabilitative activities supported by multiple partner organisations.
6	7.3	Adapted programme materials and individual support for neurodiverse prisoners to ensure equitable access to interventions and programmes.
7	7.3	Effective communication of post-programme needs through Risk Management Team processes to support progression and continuity between establishments.
Standard 8 – Organisational Effectiveness		
8	8.3	The comprehensive engagement exercise with staff, prisoners and families, including prisoner involvement in designing survey questions to inform improvement planning.
9	8.4	The mentoring scheme and "soft landing" approach for new recruits and staff moving into new roles, supporting development and confidence.

Standard 9 – Health and Wellbeing		
10	9.2	The out-of-hours clinical escalation pathway providing consistent, timely and responsive management of urgent care needs for NHS and SPS staff.
11	9.3	All newly admitted prisoners being offered a Health Improvement appointment as part of their induction package.
12	9.3	A positive and proactive approach to health improvement and prevention initiatives tailored to the needs of the prison population.
13	9.5	The psychology self-help team offering tailored self-help materials and wellbeing support, alongside links to wider SPS and community resources.
14	9.5	Healthcare staff providing pre-release support through occupational therapy focused on practical life skills such as budgeting and cooking.
15	9.8	The introduction of a clinical pharmacist service, enhancing patient safety and evidence-based medicines management.
16	9.8	Controlled drug audits with findings shared to promote organisational learning and good practice.
17	9.9	The dental team ensuring continuity of care by acting on prisoner transfer information to minimise delays in treatment.
18	9.11	Patients with palliative care needs being actively involved in planning and agreeing their care.
19	9.13	Independent advocacy advice available to prisoners through the Enabling Hub.
20	9.16	Seven-day working by mental health and addictions teams to improve continuity of care and support for patients on TTM and MORS.
21	9.17	Regular structured partnership meetings between SPS and NHS Lanarkshire, demonstrating a collaborative approach to resolving shared challenges and improving outcomes.

Annex B

List of Desired Outcomes

Key Desired Outcome

Desired Outcome No.	QI No.	Desired Outcome
Standard 1 – Lawful and Transparent Custody		
1	1.1	Prisoners are not routinely strip searched when a body scanner is used.
2	1.1	Reception Risk Assessments are conducted in a private setting.
3	1.2	Admission processes are always completed fully and quality assured by FLMs.
4	1.8	All prisoners receive an induction within one week of arrival.
Standard 2 – Decency		
5	2.2	The ICP is located in an appropriate area that allows storage of specialist cleaning equipment and provides training facilities for ICP and hall passmen.
6	2.2	There is a well-managed process for delivering good hygiene and cleanliness throughout the prison, with appropriate equipment and cleaning chemicals available.
7	2.3	There is a clear and consistent process for ordering and distributing mattresses throughout the prison.
8	2.5	All prisoners are provided with essential prison clothing, including suitable outdoor clothing for all weather conditions.
9	2.6	Prisoners judge food quality and acceptability more highly at the next inspection and standards for the safe handling, preparation and serving of food are met.
10	2.6	Catering managers have the support required to implement and adhere to an up-to-date SPS Food Safety Manual.
Standard 3 – Personal Safety		
11	3.1	All care plan reports are accurately and fully completed.
12	3.4	Prisoners feel supported in the event of bullying with a revised victim-centred national anti-bullying strategy implemented effectively.
13	3.7	Health and Safety co-ordination, compliance and assurance is achieved with a clear and consistent reporting structure.

Standard 4 – Effective, Courteous and Humane Exercise of Authority		
14	4.1	Use of Force levels reduce and, when used, are always properly recorded, with staff fully competent in C&R procedures.
15	4.2	Prisoners held under Rule 95 are accommodated appropriately with statutory rights met and active support toward reintegration.
16	4.2	Prisoners with health concerns are referred to NHS services to assess whether Rule 41 would provide greater care and support than Rule 95 conditions.
17	4.4	Prisoners requiring Special Security Measures are managed and supported effectively.
18	4.5	Prisoners are not routinely subjected to both a body scan and a strip search unless there is an identified risk requiring this.
19	4.6	Prisoners are able to check or swap stored property within one week of making a request.
20	4.6	Prisoners' families can hand in cash at the establishment.
21	4.9	Residential staff are always aware of hall numbers and prisoner locations.
Standard 5 – Respect, Autonomy and Protection Against Mistreatment		
22	5.1	Family members are invited to participate in the RMT process.
23	5.2	Staff have sufficient time allocated to complete Personal Officer work.
24	5.4	The prison regime is reliable and allows access to activities and entitlements such as exercise without having to choose between them.
25	5.5	An increased percentage of prisoners feel that things change as a result of consultation with them.
26	5.5	Foreign national prisoners are provided with information and communication in a format they can understand.
27	5.7	Prisoners can submit complaints confidentially, receive acknowledgements and timely responses, and trust the complaints process.
28	5.8	Prisoners and staff have a stronger understanding of the IPM service.

Standard 6 – Purposeful Activity		
29	6.1	All prisoners have the opportunity to gain vocational qualifications relevant to future employment.
30	6.5	All prisoners have access to a well-managed and well-stocked library service.
31	6.7	All prisoners have access to one hour of fresh air at a reasonable time of day that does not clash with other activities.
32	6.11	Virtual visits take place in a quiet environment with reliable connectivity.
33	6.13	All prisoners have access to an effective progression journey supported by adequate psychology staffing and programme delivery.
34	6.14	All prisoners are able to make representations directly to the RMT and challenge decisions reached.
Standard 7 – Transitions from Custody to Life in the Community		
35	7.1	The Links Centre is adequately resourced and supported by external partners, including access to independent housing advice.
36	7.3	National waiting lists for accredited programmes or equivalent interventions are manageable and meet assessed needs.
37	7.4	Prisoners and their families are fully engaged in the RMT process and prisoners can attend part of the meeting to present their case.
38	7.5	Effective post-release support is available for those liberated from the prison.
Standard 8 – Organisational Effectiveness		
39	8.1	Foreign nationals are supported effectively to understand prison life and are treated fairly regarding phone credit for family contact.
40	8.5	All staff understand and respect the work of others with a shared and united sense of purpose.
41	8.6	Individual performance is managed appropriately and staff have confidence to express their views annually.

Standard 9 – Health and Wellbeing		
42	9.1	The reception consultation room provides a clear and unobstructed route to the door.
43	9.1	All patients receive easy-read healthcare information in different languages on arrival.
44	9.2	Self-referral forms and healthcare information, including complaints information, are readily available in multiple languages.
45	9.2	Patients are informed promptly when referrals are received and advised of anticipated waiting times.
46	9.2	GP and ANP appointment rescheduling considers the clinical urgency of the original appointment.
47	9.2	Patients attend secondary care appointments.
48	9.2	All emergency equipment is within date and ready for use.
49	9.5	Standardised care plans and risk assessments are reviewed regularly and whenever care needs change.
50	9.5	A clear pathway is in place for assessment and diagnosis of potential neurodevelopmental disorders.
51	9.6	All patients with long-term conditions have care plans demonstrating their involvement in planning and agreeing care.
52	9.6	All patients requiring hospital beds or assistive equipment are accommodated safely and without delay.
53	9.7	Care plans and risk assessments are reviewed within agreed timeframes.
54	9.13	Complaints are responded to within policy timeframes.
55	9.13	Feedback is proactively sought from all patients accessing healthcare.
56	9.16	A robust and sustainable staffing model is established with effective workforce planning and contingency arrangements.
57	9.17	The healthcare vision is supported by a documented strategy with clear objectives and timelines.

Annex C

List of Ratings

Standard/QI	Standard Rating/QI Rating
Standard 1 – Lawful and Transparent Custody	**Satisfactory**
QI 1.1	Generally Acceptable
QI 1.2	Generally Acceptable
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Not Applicable
QI 1.7	Satisfactory
QI 1.8	Generally Acceptable
QI 1.9	Satisfactory
Standard 2 – Decency	**Generally Acceptable**
QI 2.1	Satisfactory
QI 2.2	Generally Acceptable
QI 2.3	Generally Acceptable
QI 2.4	Generally Acceptable
QI 2.5	Generally Acceptable
QI 2.6	Generally Acceptable
Standard 3 – Personal Safety	**Generally Acceptable**
QI 3.1	Satisfactory
QI 3.2	Satisfactory
QI 3.3	Satisfactory
QI 3.4	Poor
QI 3.5	Poor
QI 3.6	Satisfactory
QI 3.7	Poor
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	Satisfactory
QI 4.9	Poor
QI 4.10	Satisfactory
Standard 5 – Respect, Autonomy and Protection Against Mistreatment	**Generally Acceptable**
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Satisfactory
QI 5.4	Generally Acceptable
QI 5.5	Generally Acceptable
QI 5.6	Generally Acceptable
QI 5.7	Poor
QI 5.8	Generally Acceptable
Standard 6 – Purposeful Activity	**Generally Acceptable**
QI 6.1	Poor
QI 6.2	Satisfactory
QI 6.3	Satisfactory
QI 6.4	Satisfactory
QI 6.5	Poor
QI 6.6	Satisfactory
QI 6.7	Poor
QI 6.8	Generally Acceptable
QI 6.9	Satisfactory
QI 6.10	Satisfactory
QI 6.11	Generally Acceptable
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Generally Acceptable
QI 6.15	Satisfactory

Standard 7 – Transitions from Custody to Life in 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	Satisfactory
QI 8.2	Satisfactory
QI 8.3	Good
QI 8.4	Satisfactory
QI 8.5	Generally Acceptable
QI 8.6	Generally Acceptable
QI 8.7	Good
QI 8.8	Satisfactory
Standard 9 – Health and Wellbeing	**Generally Acceptable**
QI 9.1	Generally Acceptable
QI 9.2	Generally Acceptable
QI 9.3	Good
QI 9.4	Good
QI 9.5	Generally Acceptable
QI 9.6	Satisfactory
QI 9.7	Generally Acceptable
QI 9.8	Satisfactory
QI 9.9	Satisfactory
QI 9.10	Not Applicable
QI 9.11	Satisfactory
QI 9.12	Generally Acceptable
QI 9.13	Generally Acceptable
QI 9.14	Good
QI 9.15	Satisfactory
QI 9.16	Satisfactory
QI 9.17	Satisfactory

Annex D

Prison Population Profile on 17.11.2025

Status	Number of prisoners	%
Untried Male Adults		
Untried Female Adults		
Untried Male Young Offenders		
Untried Female Young Offenders		
Sentenced Male Adults	513	95.18%
Sentenced Female Adults	1	0.19%
Sentenced Male Young Offenders		
Sentence Female Young Offenders		
Recalled Life Prisoners	25	4.64%
Convicted Prisoners Awaiting Sentencing		
Prisoners Awaiting Deportation		
Under 16s		
Civil Prisoners		
Home Detention Curfew (HDC)		

Sentence	Number of prisoners	%
Untried/ Remand		
0 – 1 month		
1 – 2 months		
2 – 3 months		
3 – 4 months		
4 – 5 months		
5 – 6 months		
6 months to less than 12 months		
12 months to less than 2 years		
2 years to less than 4 years		
4 years to less than 10 years	205	38.03%
10 years and over (not life)	67	12.43%
Life	258	47.87%
Order for Lifelong Restriction (OLR)	9	1.67%

Age	Number of prisoners	%
Minimum age:		
Under 21 years		
21 years to 29 years	73	13.57%
30 years to 39 years	191	35.5%
40 years to 49 years	143	26.58%
50 years to 59 years	81	15.06%
60 years to 69 years	47	8.74%
70 years plus	4	0.56%
Maximum age 85		
Total number of prisoners	**539**	

Annex E

Inspection Team

Sara Snell, HMCIPS

Calum McCarthy, HMIPS

Stephen Finnie, Standard 1, SPS

Graeme Neill, Standard 2, HMIPS

Scott Hunter, Standard 3, SPS

David Dalziel, Standard 4, SPS

Kerry Love, Standard 5, HMIPS

Ian Beach, Standard 6.1 – 6.6, HM Inspectorate of Education in Scotland

Sarah Halliwell, Standard 6.1 – 6.6, HM Inspectorate of Education in Scotland

Joanne McKinlay, Standard 6.7 – 6.15, SPS

James Black, Standard 7, Care Inspectorate

Stephen Sandham, Standard 8, HMIPS

Jamie Thomson, Standard 9, Healthcare Improvement Scotland

Elaine Rogerson, Standard 9, Healthcare Improvement Scotland

Helen Samborek, Standard 9, Healthcare Improvement Scotland

Angela Sinclair, Standard 9, Subject Matter Expert, Healthcare Improvement Scotland

Annex F

Acronyms used in this report

ADHD	Attention Deficit Hyperactivity Disorder
ANP	Advanced Nurse Practitioner
ASD	Autism Spectrum Disorder
BBV	Blood-Borne Virus
BICS	British Institute of Cleaning Science
C&R	Control and Restraint
CI	Care Inspectorate
COVID-19	Coronavirus Disease 2019
CSRA	Cell Sharing Risk Assessment
DIPLAR	Death in Prison Learning Audit and Review
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DWP	Department for Work and Pensions
E&D	Equality and Diversity
ECR	Electronic Control Room
EDF	Equality and Diversity Form
ESOL	English for Speakers of Other Languages
FAN	Fire Action Notice
FCO	Family Contact Officer
FLM	First Line Manager
GiC	Governor in Charge
GPA	Generic Programme Assessment
GP	General Practitioner
HIS	Healthcare Improvement Scotland
HMIE	His Majesty's Inspectorate of Education
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
H&S	Health and Safety
HSCP	Health and Social Care Partnership

HIT	Hepatitis C Initiative Testing
ICM	Integrated Case Management
ICC	Internal Complaints Committee
ICP	Industrial Cleaning Party
ICT	Incident Command Team
IMU	Intelligence Management Unit
IPC	Infection Prevention and Control
IPM	Independent Prison Monitor
LPCAT	Lanarkshire Palliative Care Assessment Tool
LS/CMI	Level of Service / Case Management Inventory
LTP	Long-Term Prisoner
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication Assisted Treatment
MDT	Mandatory Drug Testing & Multi-Disciplinary Team (both used in report depending on context)
MORS	Management of Offenders at Risk due to any Substance
MUST	Malnutrition Universal Screening Tool
NHS	National Health Service
NIC	National Integration Centre
NPM	National Preventive Mechanism
NTE	National Top End
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the United Nations Convention against Torture
OST	Opiate Substitution Therapy
PANEL	Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PEEP	Personal Emergency Evacuation Plan
PER	Prisoner Escort Record
PIAC	Prisoner Information and Action Committee
PID	Perimeter Intruder Detector

PPE	Personal Protective Equipment
PR2	SPS Prisoner Records Version 2
PRL	Prisoner Review/Learning (internal SPS assurance reference)
PTI	Physical Training Instructor
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RMN	Registered Mental Health Nurse
RMT	Risk Management Team
RRA	Reception Risk Assessment
SAER	Significant Adverse Event Review
SAR	Subject Access Request
SCP	Self-Change Programme
SLWG	Short Life Working Group
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SRF	Special Risk Factor
SRU	Separation and Reintegration Unit
SSAFA	Soldiers, Sailors, Airmen and Families Association
SSM	Special Security Measure
STIR	SPS prisoner magazine (not expanded in the report)
TDU	Tactical Dog Unit
TTM	Talk To Me (SPS Suicide Prevention Strategy)
TURAS	NHS Scotland learning and development platform
UoF	Use of Force
UK	United Kingdom
UN	United Nations
VLE	Virtual Learning Environment
YOI	Young Offenders Institution

Evidence report

Quality Indicators

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

Rating: Generally acceptable

HMP Shotts does not receive new admissions from court. Only one return was scheduled the week of the inspection, and we were unable to observe the process. However, individuals returning from court were dealt with courteously, and staff engaged with them regarding the outcome of court proceedings and enquiring as to how they felt. We spoke with the person who was admitted the following day, together with several people who had recently been admitted and all spoke positively regarding the admissions process and felt that staff had treated them with respect.

Staff processed admissions timeously and contacted NHS colleagues regarding the healthcare assessment. On occasions when NHS colleagues were not immediately available, staff initiated the interim Talk To Me (TTM) observation form and NHS colleagues completed the admission process within the residential hall at the earliest opportunity. This ensured that all admissions were processed and moved to the residential hall in an efficient manner, and no-one was left waiting in reception for long.

As part of the admissions process, prisoners were strip searched before undergoing a body scan, in line with SPS policy. Staff also reported that all prisoners attending court were strip searched on exit and return to the establishment, with the body scanner only used for admissions and intelligence led searches. Strip searching is a degrading experience, and it is our view that strip searching is unnecessary when the body scanner detects concealed items.

After initial checks and searches, prisoners were taken to a private room for the Reception Risk Assessment (RRA), where staff assessed their ability to understand and engage with the admissions process. Communication was good, and staff conducted interviews in a respectful and supportive manner, allowing prisoners to ask questions and participate. For those in need of additional assistance, translation materials and pictorial guides were available, and a flag poster and map helped non-English speakers identify their country of origin to arrange translation services.

RRAs for prisoners returning from court were conducted while standing in the search area. Conducting these assessments in a private room would provide a more confidential and relaxed setting.

Desired outcome 1: Prisoners are not routinely strip searched when a body scanner is used.
Desired outcome 2: Reception Risk Assessments are conducted in a private setting.

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

All admissions were provided with an information booklet which detailed the regime, together with relevant rules and regulations and this was also available in the most common foreign languages. Staff had access to additional foreign language packs through SharePoint if required.

HMP Shotts had a National Integration Centre (NIC) for prisoners serving eight years or more. It is a stand-alone unit with a separate regime from the main prison, and its purpose is to assist long-term prisoners (LTPs) to adjust to prison life and their sentence. Prior to admission, the NIC First Line Manager (FLM) met with individuals in their current establishment to assess their suitability for the NIC and explain the purpose of the Unit. Where someone was assessed as suitable further meetings could be arranged, if required, with staff meeting with one young person who transferred from HMP YOI Polmont on four occasions prior to transfer to prepare them for transition to the adult estate.

As the prison did not accept prisoners from court there was no first night in custody area. There was a checklist for residential staff to complete with all transfers. which recorded that essential information had been explained and understood. PR2 checks by inspectors confirmed that the form was uploaded to PR2, although some forms did not have the name of the personal officer entered and no FLM signature. A better assurance process should ensure that these forms are completed accurately and confirmed by a FLM.

Good practice 1: The NIC FLM taking time to meet a young person on four occasions to prepare them for transition to Shotts and the adult estate.
Desired outcome 3: The admission processes are always completed fully and quality assured by FLMs.

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

Rating: Satisfactory

Reception staff confirmed that they followed the SOP guidance in relation to the identification and registration of prisoners. This included verifying the Prisoner Escort Record (PER), raising any concerns with escort staff, conducting the seven-point warrant check, and confirming the prisoner’s identity using the warrant as a reference.

As all admissions were transfers from other establishments, a single warrant calculation was conducted the following day by the court desk staff to confirm the calculation made at the previous establishment.

The PER was used to highlight any special needs or risk factors, with the RRA providing a secondary opportunity to identify these. Relevant information was appropriately recorded on the PR2 system.

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

Rating: Satisfactory

All of the key information relevant to classification of prisoners was collected during the reception admission process and recorded onto PR2. The admission process was conducted in a private room within reception, and where a nurse conducted the admission process in the residential hall this was also done in a private room. An updated photograph was taken for all admissions and uploaded on to PR2.

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

All admissions were pre-planned via Population Managers due to the population mix and the cell allocation was known in advance of arrival. The decision was based on various factors including current status e.g. mainstream or protection and security risks, and the individual was also informed in advance where they would be located.

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

Rating: Not applicable

With dedicated single-cell accommodation cell sharing risk assessments were not required.

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

Rating: Satisfactory

As per QI 1.3, all admissions were transfers from other establishments, therefore a single calculation check was conducted by the court desk staff to confirm previous critical date calculations the day after admission.

When an individual was subject to a further court disposal the revised dates were calculated by the court desk with a secondary calculation conducted by the Finance Manager or other trained member of staff in their absence. A letter was then issued to the prisoner advising them of their revised critical dates and a communication sent to all relevant partner agencies including Integrated Case Management (ICM) Team and prison-based social work.

There had been no liberations or detentions in error in the last 12 months.

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: Generally acceptable

The Links Centre Officer invited all admissions to attend induction, including those transferring into the NIC. They also invited prisoners returning from the National Top End (NTE) or Open Estate and those returning following a breach of licence conditions, to discuss any support that they may require.

Attendance at induction was recorded on PR2. When an individual refused to attend the Links Centre Officer recorded this on PR2 but also visited them in the residential hall to speak with them and check if there was any support they could offer or referrals they could make to assist them. Due to low numbers of admissions, the induction was usually delivered on a one-to-one basis and covered the full SPS National Induction content, including the prisoner complaints process, PIACs and the role of Independent Prison Monitors (IPMs).

Where required, translation services were accessed and as the delivery was mainly one-to-one, the Links Centre Officer was able to take time to ensure understanding of the content of the induction programme. The Links Centre Officer post had no rostered cover, therefore induction was not delivered when they were absent from work so there could be a delay in individuals accessing induction information, as highlighted in our previous inspection.

Family induction had not been offered since the COVID-19 pandemic. There had been discussions about restarting it, but nothing was in place. The prison should consider prioritising this to assist families to participate relevantly in the prisoners' lives.

Good practice 2: The Links Centre Officer following up all refusals to attend induction by attending the residential hall to meet with prisoners who refused to attend to see if they require any support.
Desired outcome 4: All prisoners receive an induction within one week of arrival.

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

Rating: Satisfactory

The Court Desk staff carried out the final verification of critical dates for prisoners due for release, with relevant checks made against the warrant and PR2. When appropriate, they informed relevant external agencies of the prisoner's liberation and provided the individual with a copy of any conditions attached to their release. A liberation scroll was prepared and secondarily assured.

There were no liberations during the inspection, however PR2 checks by inspectors confirmed that pre-release meetings had been held with relevant referrals made for support on release.

Reception staff were able to explain the liberation process. Discreet black holdalls were issued for any property, and valuable property was checked and signed for by the individual within reception. The only exception to this was if there was a mobile phone, which was handed over when the released person was beyond the secure prison area. Court Desk staff prepared money due and attended reception to issue this and get a signature.

Prisoners were escorted out via the Visit Room and then down to the front of house exiting via the main door of the prison. Front of House staff were also able to explain and confirm the liberation process as above.

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

Rating: Satisfactory

The prison buildings, accommodation and facilities were maintained to an appropriate standard. IPMs had observed ongoing efforts to improve the environment, with new flooring in the visits room and planned expansion of the Wellbeing Hub. Contractors had been replacing carpet tiles during overnight shifts, and additional furniture for the visits area was on order.

The Estates Team consisted of a maintenance manager, a deputy, three trades managers covering buildings, electrical and mechanical functions, sixteen technicians and one administrative post, with two current vacancies. The unfilled electrician post had been vacant for more than a year, creating a notable gap in expertise. A major £250,000 pipework replacement project for the heating system had been recently completed, and a further £70,000 project to replace heating pumps and exchangers was scheduled to begin in January 2026. Significant attention was given to the integrity of the heating and hot water systems as the prison was vulnerable if faults occurred. A maintenance review had identified only minor defects and that no significant additional works were required.

Staff and prisoners reported that they knew how to raise concerns, and any faults reported were dealt with quickly by maintenance staff. Requests were logged via the “Agility” maintenance system and graded for urgency. The system showed fourteen outstanding reactive jobs, with the oldest logged on 30/09/25 and identified as a low priority. The Estates Team had completed 6,105 reactive tasks year to date, and newly issued digital tablets allowed staff to upload photographs and provide real-time progress updates for work orders.

At the time of the inspection, all cells were single occupancy and operational except for one in the Separation and Reintegration Unit (SRU) which required a window repair.

Most cells were observed to be clean and well maintained, with no graffiti found in any of them or anywhere else in the establishment during the inspection. All cells had good sized windows and were equipped with fully operational intercom systems and lockable safes. A small number of issues were identified, including mould on the ceilings of some cell showers, which appeared to result primarily from inadequate ventilation and ineffective drying practices by prisoners. Several cells were also found to have defective window air vents; however, these faults had already been reported and were pending repair. The halls had good facilities for dispensing medication and for private meetings.

A flexible five-year painting programme was in place, this allowed adjustments for operational priorities. Each hall had a designated painter responsible for painting the cells while the Estates Team undertook all communal hall and gloss work.

Ventilation issues were reported on the top floors of both halls following a direction from the prison to permanently close ceiling windows, and some prisoners had complained about elevated temperatures. A central air handling system drew in outside air and distributed it through vents above cell doors, with extractor fans installed on the top floors to expel warm air at temperatures above twenty-four degrees. The efficiency of these fans could not be assessed during the inspection, so IPMs will monitor this over the summer months.

Each hall had two accessible cells on the ground floor level. These cells were significantly larger and contained the necessary adjustments such as lowered intercoms, grab rails and hospital beds. These cells easily accommodated wheelchair users and were clean, however it was challenging to accommodate all those who could benefit from an accessible cell (see QI 9.6). Requests from healthcare for adaptations such as grab rails in any cells had to be approved by SPS HQ due to anti-ligature requirements. Even minor alterations, such as replacing a round anti-ligature shower light with a square version, required such authorisation unless previously approved elsewhere. While this approval process could be lengthy, Estates staff valued the clarity and assurance it provided regarding compliance when modifying cells.

Overall, the estate was found to be functioning effectively with appropriate oversight, clear investment in infrastructure and a generally high standard of accommodation, despite some ventilation concerns and ongoing maintenance work.

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

While cleanliness was maintained to a reasonably good standard and some positive practices were observed, significant inconsistencies were identified in equipment provision, storage, and operational processes, some of which hindered the ability of staff and prisoners to maintain basic hygiene standards.

Cleaning materials were theoretically available to prisoners, however, recurring shortages and poor equipment management in both halls limited the practical ability to maintain personal and communal areas to the expected hygienic standard.

The ICP was managed by two staff members and six prisoners. They had responsibility for delivering the daily and weekly cleaning programme, responding to all major biohazard incidents and deep cleaning requests. A further nineteen passmen were employed to clean designated areas such as the gym, education block, and other specific zones. Overall, the prison had a good level of cleanliness, and procedures for infection prevention and control appeared to be understood and followed by most staff and passmen, but the lack of available cleaning equipment in the halls made this unnecessarily difficult for prisoners.

The prison had ceased delivering the British Institute of Cleaning Science (BICS) training and accreditation due to excessive cost. Two staff members had been trained to deliver a new Bio-Hazard Management Programme called “Response” through a company called Greenhams. Seven prisoners had been trained with further training ongoing.

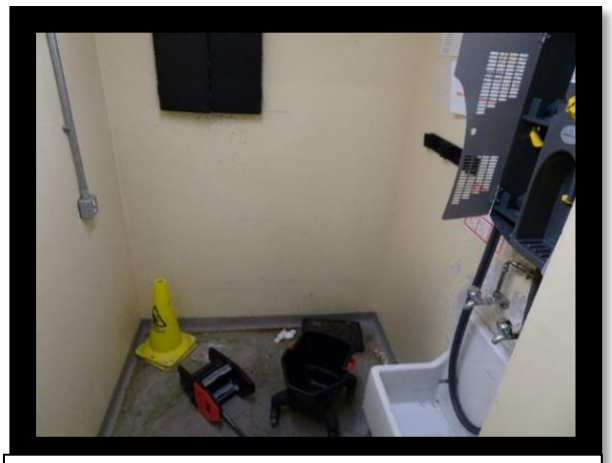
Biohazard incident records had only started to be maintained from September 2025, documenting 12 major and five minor incidents. Such incidents were managed by trained ICP passmen supported by a fully equipped response trolley. This process had only recently been implemented.

Hall cleaning passmen received induction and on-the-job training from ICP staff. Training records were accurate and held on PR2 and in paper format. Colour-coded cleaning guidance and schedules were clearly displayed in hall areas and appeared to be followed.

Unlike many other Scottish prisons, the ICP shared workspace with the recycling team and gardeners. This environment was found to be unsuitable for specialist cleaning or biohazard functions due to the inherently dirty nature of surrounding work activities. There were no dedicated training facilities for delivery of the biohazard training programme or other specialist instruction.

Most cleaning store cupboards in both halls contained no mops, brushes, or handles, with only a small number of buckets available. Cleaning equipment and chemicals were not stored securely in several areas, presenting safety and compliance concerns. Multiple Quadrant chemical dispensing machines used for sanitising surfaces were defective, Lamont 2 being an example. The ICP had requested the

fitting of protective steel cages for the Quadrant dispensers to prevent damage and maintain reliability, but this had not been done.



Defective quadrant machine and empty cleaning storage cupboard.

On Lamont 1 there were no mop heads and just two buckets were available. Staff and passmen reported that they had to search individual cells to retrieve equipment because prisoners stored them for personal use. This issue was found to be common across both halls and indicated a failure in equipment supply, storage, and tracking.

Lamont Hall's electronic floor washing and polishing machines had been out of service for over five months. As a result, floors, particularly in pantry areas, were observed to be dirty and in need of a deep clean. Prison management informed the inspection team that new machines had been ordered. Machines in Allanton Hall were operational, demonstrating a disparity between halls in equipment upkeep and repair processes.



Dirty pantry floor

Many LTPs expressed frustration with their inability to maintain their living environment due to lack of cleaning equipment, broken machinery, and unreliable supply processes. While motivation to maintain cleanliness was high among these individuals and was evident on the halls, systemic failings discouraged their efforts and affected overall hygiene standards.

While baseline cleanliness across the prison was good, the inspection found substantial systemic issues in equipment supply, storage, repair, and replacement processes. This compromised the ability of staff and prisoners to maintain the expected standard of hygiene. Improvements are required to ensure continuity of cleaning operations and adherence to infection prevention standards across both halls.

Desired outcome 5: The ICP is in an appropriate part of the prison that allows the storage of specialist cleaning equipment and provides training facilities for ICP and hall passmen.
Desired outcome 6: There is a well-managed processes for delivering good basic hygiene and cleanliness throughout the prison. Staff and prisoners are equipped to maintain personal and communal hygiene through the provision of appropriate equipment and cleaning chemicals.

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

The single beds in all cells were constructed of heavy steel and securely fixed to the floor. While most prisoners had their own bedding there was sufficient prison bedding held in central stores. Shortcomings were identified in the management of mattress allocation. Although mattress checks formed part of the cell certification process, several levels reported significant delays in receiving replacement mattresses, despite adequate stock being available.

A clear breakdown in communication was evident between hall staff regarding distribution procedures. Records showed that central stores issued mattresses to each hall monthly, but staff and prisoners on some floors reported waiting months for replacements. Although lists of prisoners requiring new mattresses were maintained they were not being worked through methodically.

Overall, bedding provision and laundering met the basic standards of cleanliness and maintenance. However, process inefficiencies in mattress distribution required some attention.

Desired outcome 7: There is a clear and consistent process for ordering and distribution of mattresses throughout the prison.

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: Generally acceptable

Our survey results showed that most prisoners (68%) were able to purchase all necessary toiletries from the canteen, while a small proportion (6%) said the prison

provided what they needed. IPMs noted recurring concerns about insufficient basic supplies. Prisoners reported to them difficulties obtaining essential items such as toilet paper and cutlery and that toilet paper was frequently in short supply, with requests sometimes being refused citing budget constraints.

The distribution of toilet paper on the halls was a cause for concern for many prisoners. There were mixed findings with regards to the distribution of toilet paper with some hall staff stringently managing the distribution and others permitting unlimited prisoner access. A uniformed approach by the prison would enhance a sense of fairness and availability.

The inspection found that prisoners had access on request to essential personal toiletries including soap, shampoo, shower gel, and razors that supported dignity and personal health. Towels were notably scarce; none were found in hall storerooms and there seemed to be a disconnection between hall staff requesting more and the stores releasing them. It was noted that many prisoners relied on their own personal towels.

Overall, while core hygiene materials were accessible, shortages in basic supplies such as toilet paper and towels required attention to ensure consistent standards of dignity and care.

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

Our survey showed that 90% of respondents could have their clothes washed at least once a week. Each level had three scheduled washing sessions per week, and prisoners could submit clothing or bedding at any time, with no restrictions on the number of laundry sacks they used.

The laundry employed two staff members and thirty-one passmen, all of whom were fully trained in machinery use, with training records maintained accurately. Laundry services used red biohazard sacks for soiled items, which were washed individually and were in plentiful supply. New washing machines had been installed over the previous 18 months, and while more complex to use they functioned effectively.

Complaints of damp laundry being returned to prisoners were due to overfilled sacks limiting tumble drying efficiency. Some laundry passmen were permitted to wash and press personal clothing separately.

Unclaimed clothing was recycled, washed, and stored for redistribution as required.

A recommendation we made in 2022 for numbered plastic ties to secure laundry sacks had not been implemented and prisoners' personal socks were still being used to tie sacks. It was clear that both staff and prisoners found this to work effectively as they were easily identifiable, never appeared to fail and were not the subject of

complaints. This recommendation will therefore not be repeated as there were no negative outcomes for prisoners.

There was a significant shortage of prison-issued clothing. Several levels held minimal or no stock, including essential items such as t-shirts, polo shirts, fleeces, and sweatshirts. Although many prisoners were long term residents and possessed their own clothing, there remained an ongoing need for standard prison garments, particularly for visits and work, which was not being reliably met. Inspectors also noted a reluctance among some prisoners to wear recycled clothing, regardless of its condition. Staff reported that laundered items were often discarded simply because they were not new.

There was no admission clothing pack provided for new arrivals. Inspectors spoke with individuals who had been in custody for weeks but had received only a couple of ill-fitting garments and no warm outdoor clothing.
Provision of waterproof or outdoor jackets was also inconsistent. On some levels, prisoners retained jackets for personal use, reducing availability for others. Elsewhere, communal jackets were provided but in insufficient numbers, for example, one hall held only eight jackets for sixty-eight cells, staff widely agreed that outdoor clothing supplies were low.

Hall staff reported that their requests for clothing were often declined by central stores, with budget reductions cited as the rationale. However, inspectors found that central stores held ample stock and store staff disputed these claims, stating that few replacement requests were received from the halls. Hall allocations did appear to be tightly controlled. Some specific examples of prisoners being told that clothing was on order for them with no evidence of a request being made or pending, limited the ability for the prison to meet the basic needs of prisoners.

Overall, the prison lacked an effective, reliable system for the distribution and maintenance of clothing. Confusion over responsibilities between halls and central stores and prisoner reluctance to use recycled items, had created barriers to ensuring all individuals received appropriate clothing. Improvements to supply levels, clothing provision at induction and an agreed and robustly managed supply process is required.

Desired outcome 8: All prisoners are provided with essential prison clothing, including appropriate attire that enables them to access the outdoor in all weather conditions.

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

The survey findings for food were negative, with 67% of respondents rating the quality as “quite” or “very bad.” Only around one-third of prisoners (32%) reported always or usually getting enough to eat, 35% sometimes did, and 33% rarely or never received sufficient portions.

IPMs reported shortages of cutlery due to prisoners discarding used items in bins. The inspection confirmed this, suggesting the need for prisoner education on and staff supervision of cutlery provision, retention and use.

There remains a requirement for the SPS to review and update the Food Safety Manual (version 1.0.2020), by a suitably qualified person. Whilst the SPS agree that documented food safety procedures should be in place throughout the entirety of the catering process, this has yet to be achieved. As with all prisons, the Catering Manager at HMP Shotts was responsible for overseeing daily compliance, training, performing regular inspections and ensuring that the SPS Food Safety Manual (version 1.0.2020) was followed in their own prison.

The kitchen employed one catering manager, seven officers, and thirty-two mainstream kitchen passmen. Training records indicated that all kitchen passmen had completed introductory food hygiene and elementary food handling, with additional task-specific training for some. Twelve were still completing basic training and staff had worked hard to deliver and update training records for both kitchen and pantry passmen.

Inspectors found widespread hygiene concerns in most hall pantries, with dirty microwaves and grills, food debris on floors, and unclean surfaces, a clear exception being Allanton Hall Level 1. The wearing of whites and gloves was inconsistent, some prisoners had never been issued whites, some wore them while staff permitted others to serve food without them. Lockable cabinets for utensils were mostly insecure with items missing. This encouraged passmen to use their hands to serve food and as such promote cross contamination, a concern for Muslim prisoners and allergy sufferers. The pantry supervision by hall staff was poor. Issues included:

- Inaccurate or absent temperature checks.
- Prisoners allowed to serve themselves from hot plates or communal tables, compromising food safety and portion control.
- Heated trollies not being plugged in on arrival at the pantries to ensure food was kept warm.
- Food from heated trollies removed and left for up to 15 minutes before serving.
- Soups, bread rolls, and beans placed on a table in the hall for prisoners to serve themselves, meaning there was no control of portion sizes and hot food went cold.



Dirty pantry grill

At the time of inspection, thirty-eight prisoners were on Halal diets, seven on Kosher, and five on vegan. The kitchen accommodated religious events such as Ramadan and Christmas, providing tailored menus, temperature-controlled containers, and flasks were provided during Ramadan. The kitchen manager had consulted with prisoners about Halal diets in the approach to Ramadan to agree a menu for the duration of the festival. Themed food nights had returned to the prison such as Chinese and BBQs and had been well received by the prisoners.

Menu choices had been decided locally by the kitchen staff and were not based on any input by a professional nutritionist or the “Saffron” system to provide evidence-based information and guidance on the impact of meals on the health of prisoners. Menus operated on a three-week rotation with minor seasonal changes. While some healthier options were available, menu variety was limited, and the Saffron Food Management System was not used in menu planning. The red/amber/green healthy eating system required an overhaul as several items were incorrectly classified. The Healthy Living Award previously held had expired in 2021, with no replacement accreditation.

Prisoners with health concerns that demanded a more substantial menu adjustment were subject to a referral to the kitchen by the NHS. As with the mainstream menu, specialist menus were repetitive and did not reflect seasonal changes.

The Food Safety Occurrence Sheet documented kitchen activities, including food and storage temperatures, utensil management, and menu options, but senior managerial oversight appeared limited, with managers signatures present for only three out of the previous 19 days. The kitchen improvement plan implemented at the start of 2025 by senior management, showed progress but had not been fully implemented. Budget pressures had been cited for some refusals of supply requests, and the catering manager had been instructed to reduce annual expenditure by 10% which was proving to be unachievable.

The last prisoner food forum known to the kitchen occurred in April 2025, with very low prisoner attendance. Any menu changes would have reflected individual preference rather than the majority. As a result, few changes to menu options were considered necessary, and some suggestions received were not reasonable to implement.

While the food leaving the kitchen was hot and generally of good quality and presentation, its management from kitchen to service was inconsistent, hygiene and supervision in pantries was poor, and prisoners’ access to sufficient portions and utensils was unreliable. Menu planning and dietary monitoring required attention to ensure consistency, variety, and compliance with food safety standards. The prison must address these issues to ensure meals consistently meet prisoners’ nutritional, cultural, and religious needs.

Desired outcome 9: On the next inspection, prisoners judge the quality and acceptability of food more highly than on this inspection and standards for the safe handling, preparation and serving of food are met.

Desired outcome 10: Catering managers have the support required to implement and adhere to an up-to-date SPS Food Safety Manual.

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

Rating: Satisfactory

Staff across the establishment demonstrated a solid understanding of the TTM policy and processes.

RRAs were completed in line with policy, for prisoners entering, returning or parole interviews with assurance checks carried out by the Duty Manager.

Admission interviews were conducted privately. Initial screening took place discreetly at the reception desk, with further discussion held in a private office. Staff interactions were respectful and tailored to individual needs.

Reception staff demonstrated a good understanding of TTM, and interim support plans were being completed for transfers arriving when NHS staff had finished their shift, in line with SPS policy.

At the time of inspection, no prisoners were on TTM. Ten files were reviewed, and four prisoners spoken with. The files were generally of high quality, reflected in appropriately written care plan narratives, taking a person-centred approach.

All documentation was stored securely in line with information storage standards, but two recurring issues were noted; responsible person and countersignatures were missing on occasion. In accordance with the Care Plan Report Guidance, the report should specify named individuals and their roles.

Prisoners interviewed reported feeling supported and involved in their care planning and were offered time in the open air while on TTM. Where family members had not been invited to case conferences, inspectors confirmed with prisoners that they had been consulted and had declined family involvement.

A database was in place which provided evidence of an accountability chain to support identifying prisoners at risk of suicide or self-harm. A robust assurance process was in place.

As no prisoners were on TTM at the time of the inspection, closed files were reviewed instead and the audit process examined. A compliance manager was overseeing TTM processes. Their audit system included reviewing all closed files and maintaining a spreadsheet to track incomplete documentation and corrective actions. While improvements were evident since the role’s introduction, further progress was needed to achieve complete success.

TTM training completion rates stood at 77.7%, under the target of at least 80%.

Samaritan's posters were prominently displayed to accompany a listener's rota which was in place in key areas. Safer cells were clean and well maintained, and clothing designed for those at risk of suicide or self-harm was readily available.

Desired outcome 11: All care plan reports are accurately and fully completed.

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

Reception staff were observed to take appropriate steps to identify prisoners leaving the establishment temporarily who may be at increased risk of self-harm or abuse on return. The described admission process prioritised safety, with staff demonstrating a good understanding of how to recognise and respond to vulnerability, regardless of whether it stemmed from personal circumstances, sentence type, or external factors.

Warrants and PERs were checked for indicators requiring additional support, however this was difficult to inspect fully from a small sample. Prisoners identified as needing separation for their safety were put in designated holding rooms and located in accommodation away from mainstream areas.

A protection process was in place for those reporting internal or external conflicts, and prisoners generally reported feeling safe. However, some described incidents where communication errors had led to contact with mainstream prisoners, resulting in verbal or physical altercations.

Staff engagement was generally positive, areas had open grille gates which enhanced visibility and interaction. Staff were able to describe the signs of risk and the steps they would take to safeguard individuals. Inspectors saw examples of staff providing tailored support, particularly for prisoners with medical needs.

There were two prisoners being managed under the MORS policy at the time of the inspection. Staff showed a good understanding of the policy and care plans were detailed. However, care plans did not explain whether people were medically unfit to attend time in the fresh air. Staff assumed it was unsafe to allow prisoners to access fresh air until they had been taken off MORS, deemed medically fit. Prisoners indicated they felt being placed on MORS was a supportive monitoring intervention to protect them while under the influence.

See Desired Outcome in QI 3.1 around completion of care plans.

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: Satisfactory

Systems were in place to monitor and respond to risks linked to violence and subversive behaviour. The Intelligence Management Unit (IMU) received a high volume of intelligence reports, which staff were commended for. This information was used effectively to inform operational decisions.

The Safe and Secure Strategy Focus Meeting was held monthly to review trends identified by the IMU, including links between incidents of violence and prisoners managed under the MORS policy. Action plans were developed to reduce risk during periods of increased MORS activity. The meeting was chaired by the Governor or Deputy Governor. It followed a standing agenda that covered all aspects of violent and subversive behaviour, with the aim of maintaining a safe environment for prisoners and staff.

April 2025 saw sixty-seven individual prisoners on MORS which was the highest number of prisoners placed on MORS in the previous twelve months, indicating ongoing challenges with illicit substances. Two prisoners were on MORS at the time of inspection. The prison had introduced a range of strategies and interventions to address this issue.

Staff had access to PR2 data on 'Must Be Separates' and known enemies, which supported safe allocation of cells and work areas and helped prevent contact between individuals with identified risks.

Importantly, staff interpersonal skills were observed to play a key role in reducing adverse behaviours and attitudes. Inspectors noted that positive relationships between staff and prisoners contributed to a calmer atmosphere.

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: Poor

Staff awareness of the SPS anti-bullying strategy 'Think Twice' was limited. Despite the policy being introduced several years ago, no evidence of staff training could be gathered. Many staff were familiar with the name of the policy, but few could describe its procedures.

No Think Twice Policy documentation was available anywhere in the establishment indicating it was not routinely used. Staff were relying on informal methods to manage bullying behaviour rather than the recognised reporting mechanism, such as Suspected Bullying Reports. Most incidents were recorded through intelligence

reporting. Records of individuals identified as either perpetrators or victims were not maintained in a central location, making it difficult to track the support provided. The only reference point was PR2 under risk and conditions, which was not easily accessible for staff seeking to identify those involved. Bullying behaviours linked to subversive behaviours such as debt were recognised and analysed through Safe and Secure monthly meetings. For other incidents, however, no evidence could be found on follow up actions.

Staff demonstrated a good understanding of risk factors associated with bullying and were able to describe how they would respond to incidents. In most cases, staff reported that they would challenge the behaviour directly, taking care not to draw attention to the victim and report it to their FLM and IMU. FLMs generally stated that they would relocate the victim rather than the perpetrator which punished the victim of bullying rather than addressing the bullying and did not send a clear message that bullying was unacceptable and not tolerated. Rule 95 was not being used to manage direct bullying behaviours, as the Think Twice strategy which is not being used offers this as an option for the prisoner's management. No mediation was used to try to resolve tensions between individuals.

Posters promoting the Think Twice policy were displayed throughout the establishment, which was confusing when there was no training in or application of the policy. Evidence that the prison wanted to promote a culture where bullying was not tolerated was found in the NIC where Respect Me training was being delivered to prisoners as part of an induction package.

Good practice 3: Respect Me training provided to those in the NIC to create awareness of bullying behaviours and their impact.
Desired outcome 12: Prisoners feel supported in the event of bullying with a revised victim centred national anti-bullying strategy implemented effectively.

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

Rating: Poor

It was unclear how victims of bullying or harassment were supported. There was no formal process to track incidents, and there was no evidence of the Think Twice strategy being used. In our survey 81% said they would not report it if they were abused, threatened, bullied or assaulted by another prisoner. This may indicate there is a lack of trust in how staff deal with accusations of bullying. Staff, FLMs, IMU, and the Head of Operations described some responses where bullying might have been happening, often triggered by intelligence reports or violent incidents, but these responses were reactive.

Despite FLMs saying that they would, if needed, move the perpetrator, place them on Rule 95 or provide protection to the victim, as necessary, there was no evidence this happened. We only saw cases where the victim was moved.

The pre-inspection survey showed 66% of prisoners reporting feeling safe most or all the time and 15% saying they rarely or never felt safe. Prisoners generally described

positive relationships with staff during discussions. Having staff that they could trust supported the prison in providing a relatively safe environment.

However, the survey found that 36% of prisoners said they had been abused, bullied, threatened or assaulted by a staff member. The most common negative behaviour prisoners reported experiencing from staff was verbal abuse and bullying and harassment. Similarly, 36% of prisoners had said they had been abused, bullied, threatened or assaulted by another prisoner. The most common negative behaviour prisoners reported experiencing form another prisoner was physical abuse.

These findings highlight the need for a more structured and consistent approach to managing victimisation as outlined in QI 3.4 and associated desired outcome.

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 maintained a comprehensive set of SOPs and contingency plans to address a wide range of safety and life-threatening incidents. These documents were stored on the local SharePoint system and securely within the designated command room which covered scenarios such as ambulance access and egress, concerted indiscipline, bomb threats as well as staff alarm responses.

Staff received training to ensure they were equipped to manage various emergency situations, including responding to code blue/red incidents, using crash packs, and carrying out fire response procedures.

Contingency plans were in place to manage a variety of potentially serious incidents. These were regularly tested throughout the year through learning sets, tactical decision-making exercises and local incident management training. Monthly learning sets on applying SOPs were evidenced.

The designated command room was subject to routine testing to ensure it remained operationally ready. During testing, staff were given the opportunity to familiarise themselves with the layout and function of the command room.

Staff demonstrated a clear understanding of how to respond to personal alarm activations. Radios were tested daily and alarms weekly. The alarms were reported as being in good order, with a clear system for broken or faulty alarms to be repaired. Any incidents involving alarm failures were promptly investigated.

All incidents were reviewed by the Head of Operations and, in the first instance, the duty manager. Feedback, including examples of good practice and areas for improvement were shared with staff to support learning and enhance future

responses. Further review of incidents was analysed at monthly Safe and Secure Focus meetings.

The Learning and Development Manager confirmed that the establishment was prepared to respond to operational incidents, confirming a full complement of trained ICT staff to support local incident management, and some work was required to bring staff competencies up to the required level.

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

Rating: Poor

The local establishment demonstrated a commitment to health and safety, with processes in place to protect those living and working within the prison. A policy was in place, in date and made available to all staff via the local SharePoint site. The policy outlined key responsibilities, procedures for reporting incidents, emergency protocols, and general guidance.

No local H&S co-ordinator was available, and evidence was provided that the risk of no full-time designated H&S co-ordinator had been escalated through appropriate channels. Despite no local co-ordinator some basic compliance was being maintained with oversight from an H&S representative through SPS HQ. No evidence of recent quarterly H&S meetings was provided, and it was apparent this has not taken place with no local H&S co-ordinator in role. No live action plan tracker could be obtained to show overall governance of H&S actions for various areas. Inconsistences were noted on audit schedule trackers.

An audit schedule was in place where monthly inspections were carried out by FLMs. These were complemented by quarterly inspections by senior managers. Inspectors found it difficult to track actions from the H&S inspections, with actions assigned to relevant teams by email with limited monitoring for completion, which at the point of inspection was by Senior Managers with what appeared limited H&S co-ordination or oversight to comprehensively track the actions raised.

Fire Action Notices (FANs) were in place. For individuals who could not read English translated versions were available at reception and issued when needed and were displayed on cell doors next to the English version. No Scottish Fire and Rescue compliance inspection evidence could be found.

A library of Safe Systems of Work and Risk Assessments were accessible to staff on the H&S site for the various areas within establishment. These documents covered both general safety and fire safety procedures. It was noted many of these were out of date.

Accidents at work were managed through a standard reporting process. Timescales were being met on sampled Immediate Accident Investigation Reports. With no evidence of most recent H&S quarterly meeting or H&S co-ordinator being available, it was difficult to assess the volume or impact of accidents within the establishment.

For individuals with mobility needs, Personal Emergency Evacuation Plans (PEEPs) were in place and accessible both in residential areas and on SharePoint, ensuring staff could support safe evacuations when required.

Staff demonstrated a professional approach to H&S responsibilities and were aware of their roles across various functions.

Desired outcome 13: Health and Safety co-ordination, compliance and assurance is achieved, with a clear and consistent reporting structure.

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

Rating: Satisfactory

UoF undertaken within the prison was in line with SPS Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rule 2011 and the relevant SOP. There were 172 Use of Force (UoF) incidents in the past year. Of these incidents, 108 were unplanned and 64 were planned. Numbers had risen since 2022.

UoF was not observed during the inspection. Examples were sampled and the process talked through with Head of Operations and Security FLM, and supporting documents, CCTV footage and video footage were available and viewed. All UoF forms were checked and signed by the Head of Operations and located within the IMU. Narratives and explanations of removal were of a good quality and level of detail. All instances of UoF were stored within the IMU and recorded on the IMU database.

IMU follow the guidelines for retention purposes. A random sample of UoF forms was checked. All indicated the appropriate level of force was used and there was good evidence of removals being carried out using ‘come along holds’ and consideration of de-escalation.

However, there was evidence of planned removals not being recorded, which they should be. There was evidence of rigid cuffs being used but not as often as might be expected. An assurance process was in place whereby the Head of Operations checked the paperwork ensuring the standard of paperwork was high and all aspects of the paperwork completed.

The IMU database had good information and linked to CCTV from most incidents providing good support evidence. All UoF incidents were linked to the violence strategy within the prison. Any violent incidents were followed up by the completion of a Violent Incident Review and discussed at the safe and secure meeting. Evidence demonstrated action had been taken to reduce violence in the prison.

C&R training was not at target and the training in the role of a Supervising officer stood at only 65%.

Desired outcome 14: Use of Force levels reduce and when UoF is applied it is always properly recorded, with staff fully competent in the use of C&R.

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 prison Separation and Reintegration Unit had 15 cells. Fourteen were used regularly and one was a 'silent' cell. One cell was out of use due to a smashed window. There were thirteen prisoners held in the SRU all of whom were being managed under rule 95. The layout of the SRU worked and the unit was well managed. Cover for the SRU was three members of staff plus an FLM working a dayshift. Operations staff undertook the lunch time and evening patrols.

All case files were noted on PR2 with self-representations made by prisoners, case conference minutes and individual management plans where appropriate. There were no individuals accessing external activities as part of Rule 95, but there was evidence of previous occasions where individuals had attended the main gymnasium or a hall for recreation as part of a re-integration plan. Inspectors did not observe a Rule 95 case conference in person but read through the case conference notes and discussed it fully with two currently held prisoners. It was clear they were fully aware of the process and felt they had been able to contribute at their case conferences, where the chairs had been open and honest. The prisoners had been given copies of Rule 95 paperwork.

Statutory entitlements for prisoners in the SRU were met and staff adapted the regime whenever necessary to meet the needs of the individuals there.

Each prisoner was visited weekly by a medical professional, usually a Thursday, but the prisoners were not aware that this was their opportunity to raise any issues in relation to health, including mental health and substance misuse. Prisoners were also seen by a Unit Manager Monday to Saturday. We identified some prisoners in the SRU who appeared to have mental ill health but had not been considered for Rule 41.

There was no evidence of Residential personal officers maintaining contact with prisoners who were moved to the SRU.

Seven prisoners had been in the SRU for over three months and were being discussed at the monthly Prisoner Monitoring and Assurance Group meetings attended by the Deputy Governor. They were having limited success in moving individuals to other establishments, which is problematic anyway as a move to another prison is usually a segregation to segregation move and the segregation chronology of the individual starts again as if he has only just been segregated, masking the many years some prisoners are held in solitary confinement. One prisoner here had been in isolation for over four years, which is a deeply concerning duration.

The prison had risk assessment documents to vary the application of Rule 95, but we could not find evidence that this had changed the approach to any individual's care.

Prisoners were being held on Rule 95 within the residential areas, and it was clear they were not having their basic minimum entitlements met. Access to fresh air was only offered first thing in the morning, when it was dark and cold, and understandably the offer was rarely taken up. There was sporadic recording of this.



SRU Exercise Area

Prisoners felt they were forgotten about with meals and canteen was often missed or late. The standard of information on PR2 for these prisoners was not at that of those in the SRU. There was no evidence of these prisoners seeing a medical professional or a Unit Manager on a regular basis.

All prisoners placed on MORs were managed under Rule 95.

Desired outcome 15: Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.
Desired outcome 16: Prisoners with health concerns are referred to NHS to assess whether consideration of Rule 41 would provide greater care and support for the individual than those which might be prescribed under Rule 95 conditions.

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

Rating: Satisfactory

Disciplinary hearings were held in a dedicated room within the SRU. The room was adequately sized and managed by the SRU FLM and two SRU officers.

There was a copy of prison rules, a copy of the Orderly Room guidance and a copy of Your Rights under the Scottish Prison Rules available for the prisoner to read along with writing materials so they could take notes. A computer with PR2

supported the process. There was an area to hold productions and a large monitor to view any CCTV evidence. All adjudications were carried out by a Unit Manager (adjudicator), who received the paperwork just prior to the adjudication commencing to ensure the paperwork was lawfully completed. The adjudicator was mindful of the individual, ensuring the process was individualised and person-centred. The adjudicator ensured the prisoner understood the charge and their rights and gave them an opportunity to enter any mitigation. In the adjudications observed, the adjudicator tried to understand the root cause of the issue and not leap to judgement. Where a guilty finding led to a punishment, the Unit Manager considered behaviours and mitigation and explained support services available within the establishment. The appeal process was explained at the time of the orderly room outcome.

There was a misconduct report sheet available in each area and an audit of the orderly room paperwork was completed. There was good, detailed information within each section of the paperwork. Paperwork was stored securely within the SRU for two years then located in the archive system for a further three years. We did not witness the use of an interpreter, but the SRU staff fully explained the process and how they are able to use the phone within the room on speaker to conduct the process when needed.

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

Rating: Generally acceptable

There were four prisoners being held on SSMs and 12 with Special Risk Factors (SRFs) in relation to external escorts. There was a local process where a SharePoint site had details of all prisoners on SSM, which was accessed and updated by Security FLMs and provided a central location for storage of documents and information.

On further investigation and discussion with the security FLM, it was noted the SharePoint site should be updated on a weekly basis, but had not been updated recently, and some review point dates had lapsed. The quality of the information on the SSM documents was good and there was sufficient evidence to support the use of the SSM process.

Documents were uploaded to PR2 and there were also paper copies in the area where the prisoner was located. Staff and FLMs were aware of the SSM prisoners in their areas and had good knowledge of the process.

The prisoners confirmed they understood the SSM process, and although some disagreed that they should be managed under SSMs, they were aware why they were on them and mostly had an opportunity to contest this. One prisoner provided evidence that the SSM decision had been made before he made his self-representation, so in at least one case the process had not been followed correctly.

The Security FLM evidenced a process for managing individuals with SRFs, particularly in relation to high-risk escorts. This was again managed through a comprehensive database, and all risks were also recorded on PR2.

In summary, there were good processes in place for the use of SSMs and SRFs, but failures in following the process had led to unfair treatment of at least one individual.

Desired outcome 17: Prisoners requiring Special Security Measures are managed and supported effectively.

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

Rating: Generally acceptable

Inspector observed three cell searches, and one reception search on admission to the prison from a hospital escort. The process for cell searches was clear, and the staff involved were aware of how to conduct a cell search. The standard of the searches and the interaction with the prisoners differed, depending on the individual officers involved.

Each search was carried out by two staff of the same gender. In the pre-inspection survey, 32% of prisoners reported being given an explanation of why they were searched. In the searches observed, prisoners accepted the process but were not informed why they were being searched. Quarterly cell searching was done and recorded on paper records and on PR2. The process was known to FLMs and staff across the establishment. Staff explained their target was five per week which could be completed at any time but was usually done in the mornings due to the residential regime.

There was evidence of support from the Tactical Dog Unit (TDU) within the prison when required to support staff, cell, and area searches.

On admission to reception prisoners were searched, with staff taking cognisance of prisoners' dignity and treating them with respect throughout. Reception also had a body scanner which was used for most transfers and returns from escort, but not all. Staff and prisoner raised concerns about being body searched and placed through the body scanner.

Route movement for prisoners was observed, with staff ensuring prisoners passed through a walk-through metal detector and then rub down searched if an issue was identified. Again, staff were fully aware of the process, but the standard depended on the staff. We identified some minor issues with gender balance where female staff only were on duty on a particular level. Staff were aware they required a male member of staff to rub prisoners down, but there was no evidence of staff or managers proactively ensuring a male member of staff was available.

Prisoners' property was searched with respect and dignity by staff ensuring items were carefully searched by hand or taken for an x-ray if required and prisoners were accepting of this.

A Rapiscan machine was used to detect illegal substances entering the prison, the staff were fully trained and explained its use.

Desired outcome 18: Prisoners are not routinely subjected to both a body scan and a strip search unless there is an identified risk that requires this.

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

Rating: Generally acceptable

We did not witness any prisoners transferring in, but the reception staff fully explained the process.

On admission, prisoners had their property checked and it was then logged onto their property cards. Valuables were logged and placed into a sealed bag. The seal number was then logged on the property card and valuables stored in a locked cabinet within the reception. Prisoners checked the property card and signed for all items. Detailed information listed items that were allowed in use, kept on a rack or in a dedicated storage box in reception. Each property card had a unique number which was matched to a rack and storage box.

Prisoners were permitted listed items of personal clothing and valuables. They could place a request to have items posted in or brought in on a visit by submitting a pro-forma. This was completed by residential staff, passed to reception staff and cross referenced against articles in use. Once agreed, this was posted out to families or a copy of the pro-forma sent to the front of house in preparation for visitors arriving. Parcels sent in were opened by reception staff, without the prisoner being present, searched and processed. Property handed in at visits was searched in front of the visitor and processed before being passed to reception staff.

Property was not accepted without a valid pro-forma. If a parcel arrived without a pro-forma. the property was placed into storage and handed or sent back out of the establishment at the earliest opportunity.

Property processes were robust, with various points of recording to evidence prisoners name, number and date sent or handed in. In most cases prisoners received their property within 24 hours of it arriving in the establishment.

Prisoners could purchase items from an external supplier. Requests were placed through prison stores, who then took the prisoners' cash on a Wednesday, and the orders were placed and collected on a Friday. If an item was wrong or out of stock the whole order would be held in stores until it was complete. This led to prisoners being without the cash or the ordered items for up to a month.

Property checks were completed by a Unit Manager once a week and recorded in a folder within reception.

Prisoners could request to attend reception to view or swap their own property which was stored. The system for this was not working as prisoners were having to wait approximately four or five months for their request to be actioned.

In line with many prisons in Scotland, Prisoners' families and friends were not allowed to hand cash into the prison. We recommend replication of the practice at HMP Barlinnie where an ATM at the entrance allows the paying in of cash. Families and friends were able to send in cash using an online system. Details of this system were available from staff and leaflets were available at front of house for families and visitors.

On occasion, cash was posted in or sent in within a parcel. Residential staff had receipt books and cash sheets on each level to record this. It was then placed in a secure cash tin and collected by a stores member of staff and processed into the prisoner's account. If reception found cash in a parcel, they handed this to residential staff to log.

Desired outcome 19: Prisoners are able to check/swap property stored in prisoner reception within one week of making a request.
Desired outcome 20: Prisoners families can hand in cash at the establishment.

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

We did not witness any escorts leaving the establishment during the inspection. The Security FLM provided a range of PERs, and it was clear that the standard of information recorded captured any risks and could be managed appropriately.

We witnessed a prisoner returning from a hospital appointment and there was a good relationship between SPS reception staff and GEOAmey staff, and a verbal handover was given along with the PER.

SPS escorts had a cuffing risk assessment attached to the PER which clearly detailed any risk and provided information to escorting staff on what was acceptable in relation to cuffing. It was recorded on certain forms that staff had the autonomy to use a closet chain where required to support medical examinations or treatment. Most escorts leaving the prison were single cuffed which was in line with expectations for long-term prisoners without escape risk factors.

The twelve prisoners on SRF for escorts were logged on PR2 and on a database on SharePoint which was maintained and updated by the security FLM.

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

Rating: Satisfactory

The prison did not conduct any alcohol testing; however, the Mandatory Drug Testing (MDT) staff had the ability to dip test liquid for an alcohol reading. They used this as evidence in an adjudication for any suspected homemade alcohol.

MDTs were undertaken in a designated purpose-built area next to prisoner reception. The staff were very knowledgeable about their role, explained the process fully and provided written evidence of the chain of custody. We did not witness a test being completed, but the layout of the area and the explanation from the MDT staff indicated a sensitivity to completing tests in as dignified a manner as possible.

Prisoners were complimentary about the staff and the way they completed the testing. They said staff explained things well and, although it was not a pleasant experience, they felt respected during what can be an embarrassing process.

MDT staff concentrated mainly on progression cases, parole cases and suspicion testing. This ensured the Risk Management Team (RMT) meetings and parole processes were not delayed.

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: Poor

The CCTV and movement of prisoners was staffed and managed through the Electronic Control Room (ECR). The quality of the camera footage was good with all individuals clearly identified. At all times, the ECR had an experienced and competent member of staff rostered in this area to ensure consistency and knowledge of systems.

Gates and doors had CCTV and intercom systems requiring staff to identify themselves before allowing access or egress, and we witnessed this at every door during the inspection.

Radio communication was used to request protection prisoner movements and cameras were viewed prior to any prisoner movement request taking place. Enemies and ‘Must Be Separates’ prisoners were managed appropriately.

We observed the route movement of prisoners in the morning and afternoon. It was managed by a regimes FLM who co-ordinated this with a residential officer. There were differences in how prisoners were dealt with whist going through the walk-through metal detector. In the morning there were several staff in the offender outcomes area and minimal staffing in the residential area of the main corridor. All prisoners on the route went through a walk-through metal detector, but with a varied response to those who failed. Some were rub down searched, some were asked to go back through, and some were allowed to just continue with their journey. Property was often placed on the stand as the prisoner walked through but was not searched by staff. On return to the residential area the route was well-staffed and controlled, with all prisoners going through a walk-through metal detector and a consistent standard of search, and all property passed through an x-ray machine. There was an FLM in this area to ensure consistency.

Staff on several residential areas were asked to confirm numbers and how many prisoners had left the area and where they were. Staff never appeared confident of their numbers and could not confirm where the prisoners were. Lists of prisoners leaving the area on the route were written on scrap pieces of paper and not formally recorded. Overall numbers were logged on an occurrence sheet, but this only offered a basic record.

Desired outcomes 21: Residential staff are always aware of hall numbers and the location of prisoners.

See related desired outcome in 4.5.

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

Rating: Satisfactory

Staff used appropriate equipment to search all vehicles arriving at the prison, completed all paperwork and instructed drivers to place mobile phones within the lockers and checked their identity. The vehicle searching observed was to a good standard. All records were up to date regarding vehicles entering and leaving the prison. Vehicles did not move from the locked area until the staff checking the vehicles notified ECR staff their checks were complete.

External and internal perimeter checks of the establishment were observed. They were conducted by early, late and night duty staff. The staff completing perimeter checks had good knowledge of risks to the establishment with good awareness of what to look for, both in terms of structural security and possible introduction of contraband. The Perimeter Intruder Detector System (PIDs) was tested daily as part of the perimeter checks. These were logged on a database in the ECR which could easily be reviewed as part of assurance process.

All mail received at the prison was processed by front of house staff and then passed to the mail administrator. It was x-rayed and logged appropriately, with staff and the mail administrator working well together. Good evidence was provided for all recorded and registered mail. Legal mail was recorded and distributed separately from regular mail to ensure the policy was followed.

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

Rating: Satisfactory

Next of kin information was collected when people arrived at the prison to allow them to be contacted when necessary.

There was an SOP detailing the process to follow when informing prisoners of a death or serious illness of a relative, and staff were aware of the procedures. When prisoners received bad news such as this, it was delivered in a private setting, normally by their personal officer. Staff followed up on the prisoner's welfare afterwards and offered them support from the Chaplaincy Team or access to a Listener. Staff also spoke about referring them to an online bereavement service. One member of staff spoke of leaving the prisoners cell door open following delivery of bad news so that they could easily call on the support of staff. They then began the paperwork to request they attend hospital or the funeral. Increasingly, prisoners received this type of news directly through their in-cell phones or after being contacted by family asking them to call home. In these cases, if staff were made aware, the same care and support was offered. We spoke with a prisoner who had recently had a family bereavement, and he said he felt supported by the prison during a difficult period.

As part of the process for informing family if a prisoner were to fall ill, prisoners were asked what personal information they were comfortable sharing, respecting their privacy.

Family members were not invited to participate in the RMT process.

Desired outcome 22: Family members are invited to participate in the RMT process.

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

Most prisoners felt respected by staff. In our survey, 69% reported being treated with respect all or most of the time, which was consistent with the 2022 inspection and significantly higher than other prisons (61%). A further 26% said they were treated with respect some of the time. Around 40% of survey respondents who left comments referred to staff/prisoner relationships. Many comments were positive, with several prisoners praising individual officers for the support and encouragement they provided. However, a few comments in the survey highlighted that some prisoners felt they did not always receive the care and support they needed.

IPMs reported that prisoners often had to approach the staff desk in residential areas to initiate contact and were sometimes ignored. However, they also said that day-to-day engagement between prisoners and officers was upbeat and that staff were generally respectful and supportive.

Both staff focus groups reported that relationships with prisoners were currently more positive than in previous years, with less of a "them versus us" culture. Staff noted that recent increases in drone-related incidents had created some tension.

Inspectors observed that officers were often based at the staff desk, although they were also visible in the halls, with open grille gates helping to reduce physical

barriers to contact. During the inspection, staff and prisoners reported constructive engagement, and one officer described a sense of mutual trust with prisoners, even amongst less experienced staff teams. Relationships in both residential halls were observed to be positive, and we witnessed several constructive interactions. The long-term nature of the prison population allowed relationships with staff to be built up over time. Another side of working with the same people over a long period can be that it is hard to challenge inappropriate behaviour and we witnessed some complacency such as a reliance on prisoners to know where their peers were when this is a staff responsibility.

A large majority of prisoners (87%) reported that they had a Personal Officer. Although this represents a slight decrease from 2022 (90%), it remains significantly higher than at other prisons (58%). Of those with a Personal Officer, the majority (66%), said they helpful, compared with 41% in other prisons.

Residential staff provided mixed views on how effectively the scheme was operating. Staff confirmed that each officer was assigned as both a primary and secondary Personal Officer and explained that when a primary officer was unavailable for long periods, the additional workload placed on secondary officers could be difficult to manage. This had resulted in delays in progression paperwork and inconsistencies in support. Most officers were responsible for six to seven prisoners each and reported that, while they were adequately trained and very helpfully supported by experienced mentors, finding sufficient time to carry out Personal Officer duties remained a challenge. Prison-based social work staff reported that officers understood their responsibilities and were working hard to deliver them, despite time pressures.

Staff highlighted gaps in training at the SPS college, mostly that it lacked practical opportunities to complete case studies and paperwork. The prison had introduced a well-regarded mentoring scheme for both residential and operational staff, which had helped support learning and maintain standards. Staff described mentors as invaluable, providing practical support and essential guidance regardless of their experience level.

Overall, we found positive and respectful engagement throughout the prison.

Desired outcome 23: Staff have sufficient time allocated to complete personal officer work.

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

Rating: Satisfactory

Staff were aware of the procedures for reporting information security breaches and handling Subject Access Requests (SARs).

During 2025, the prison recorded six information security incidents, all of which were fully investigated and closed.

The prison received 149 SARs during 2024/25. There were two late responses, but for legitimate reasons. Data protection notices were only displayed in a few halls, but prisoners were informed about data protection in the induction booklet that was given to them on admission. SAR forms were not freely available on the halls; they had to be requested from staff. The high number of requests indicated good awareness of the process.

There was sufficient space for confidential discussions in all residential halls and staff and prisoners confirmed they were used. In-cell call buttons allowed prisoners to contact staff during lock up times.

Confidential paperwork was stored securely, and personal information was kept out of sight of prisoners, behind staff desks. Prisoners had access to a safe in their cell to securely store confidential information.

We had no concerns regarding the management of confidential mail. An SOP was in place and staff were following it. There had been no complaints from prisoners about the process.

Prisoners were observed being loudly called down to the staff desk by their name. Although this was not ideal, no details of why they were required were relayed in this manner. The information was passed once the individual had reached the main desk.

Overall, the prison demonstrated sound practice in confidentiality and privacy, with minor areas identified for improvement in signage and access to SAR forms.

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

Rating: Generally acceptable

During the inspection, the prison environment was orderly, with staff exercising their authority in a legitimate and proportionate manner. The regime was generally stable and predictable.

A new regime, introduced in December 2024 following consultation with staff and prisoners, provided a structured timetable with prisoners having consistently good access to time out of cell. On Fridays, an additional recreation period was available in the afternoon. IPMs reported that prisoners had more time out of cell under the new regime.

The staff complement was good, but shortages caused by sickness absence continued to place pressure on the regime. Although absence levels had improved over the year, the residential halls frequently operated with three staff instead of the planned four. Staff worked well together to prevent this affecting the regime, but it affected their time to do Personal Officer work. If an officer was absent from the hall for a period of time and staff numbers fell to two, the grille gates were locked but reopened at the earliest opportunity. During the inspection we saw work sheds being closed due to staff shortages which contributed to frustration among prisoners.

Our staff focus groups expressed concern about the high proportion of inexperienced officers, which sometimes increased pressure on more experienced staff, and caused frustration to prisoners if they felt they were not knowledgeable enough to assist them. Of the 184 residential D band posts, 12% had less than one year's experience and 3% were acting up. Of 28 FLMs, 28% were acting up. Experience levels varied across halls, with Allanton having higher levels of experience during the inspection week. We witnessed staff being reluctant to challenge prisoners about their behaviour, such as staying out of the pantry during meal service and not wearing whites when serving food.

Most halls experienced some overlaps during the week between the regime and activities such as gym or work and exercise, and medication rounds caused delays to the morning route movements. Prisoners being held on the residential halls under Rule 95 were offered exercise at around 0730/0800 in the morning in the SRU, and uptake was understandably low.

The regime was explained to prisoners during first-night procedures, but some foreign nationals, who did not speak good English, told us they did not feel the routine was explained clearly. We noted that the regime was only displayed in one hall. Staff and prisoners had been consulted on a previous regime change, and further work was planned to ensure communication around the move to a compressed day.

Although there were some exceptions, staff generally felt well supported by managers at all levels, who were visible across the establishment.

Overall, while the regime was structured and the environment remained stable, staffing shortfalls and experience levels, and some overlap in the regime affected consistency.

Desired outcome 24: The prison regime offer is reliable, and prisoners are able to access activities and entitlements such as fresh air exercise without having to choose one over the other.

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

The majority of prisoners (62%) reported that they were consulted about issues affecting their daily life. However, only 18% felt that things changed as a result of this consultation, which is consistent with our 2022 survey and in line with other prisons.

We found that communication across the prison was generally good. Notices were up to date and available on hall boards, and information about activities, events and changes in the prison were also accessible through the well operated prisoner information channel and the self-service kiosk system. This tied in with IPM findings.

Progress on expanding the kiosk system had slowed due to a focus on developing in-cell technology. The prison produced regular communications to explain changes, including updates on the move to a compressed day. However, there was no clear evidence that these changes were then discussed at PIAC meetings as intended. The Admission Booklet did not refer to PIACs, which the prison may wish to consider including, but those that attended national induction were told about its purpose.

PIAC meetings were intended to give prisoners a voice in matters such as their daily routine, facilities and local issues. In practice, consistency varied significantly between halls. In Allanton Hall, PIACs were taking place regularly. Some meetings appeared to be well-run with clear updates on actions, and a prisoner-designed poster helped communicate outcomes in Allanton 1 & 2. However, minutes were not consistently shared with all prisoners, actions were not always followed up, and prisoners reported that progress often happened only immediately before the next meeting. There had been no food or canteen PIACs recently, despite it being recorded in PIAC minutes that prisoners were told not to raise food or canteen issues at hall PIACs. In Lamont Hall, three PIACs had taken place since May 24, and they lacked follow-up on agreed actions. Prisoners generally described the meetings as a “tick-box exercise,” with few visible outcomes. We observed one PIAC meeting during the inspection and there was no update provided on previous actions or information sharing with prisoners. The prisoners were given ample time to talk and raised some simple, longstanding issues such as broken hair clippers and insufficient microwaves, but received no meaningful response.

Focus groups with foreign national prisoners confirmed that they did not know PIACs were taking place or their purpose. A PIAC schedule was now in place for them to take place regularly in both halls. To improve engagement and transparency and improve on the results of the prisoner survey, the prison might want to consider the good practice identified at HMP & YOI Polmont where there were suggestion forms in the document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future PIACs. The prison could also provide an update on the previous meeting actions in the minutes and ensure they are shared with all prisoners so they can clearly see the changes that are taking place.

As with other prisons in Scotland, the balance of the Common Good Fund had reduced dramatically since canteen profits reduced. Prisoners were not routinely consulted with about how to spend it because once the prison had paid for Sky TV and Christmas expenditure there was little left over. However, prisoners were recently surveyed about whether to keep Sky or TNT as they could no longer afford both, and a decision was taken based on their responses. The finance manager said that she planned to start having Canteen PIACs again soon and that staff absence had prevented this from happening.

Information for non-English speakers was inconsistent. Some staff spoken to were unaware of the translation services available to them and others could not always explain how they communicated with prisoners who spoke little or no English and said they tended to rely on other prisoners acting as informal interpreters which could result in breaches of confidentiality. Foreign national prisoners reported difficulties in communicating with staff and feeling ignored. Day to day

communication with foreign nationals was an issue. Although the prisoners running the prisoner information channel had produced lots of helpful materials in multiple languages, this was not well publicised or widely used.

Overall, while information channels within the prison were well-developed and prisoners were kept informed about daily prison life, consultation processes were inconsistent and not always effective. Many prisoners did not see changes resulting from engagement with them, and access to information for foreign national prisoners requires significant improvement.

Desired outcome 25: In the next prisoner survey, an increased percentage of prisoners feel that things change as a result of consultation with them.
Desired outcome 26: Foreign national prisoners are provided with necessary information and communicated with in a format they can understand.

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

Most prisoners had good access to information about their rights. The admission information pack, available in several languages, clearly set out prisoners' entitlements and explained how to access the prison rules, make complaints, contact statutory bodies, legal representatives and other official agencies. Most key safeguards were covered, although specific information for foreign national prisoners, such as their entitlement to additional phone minutes was not included, and we found not every prisoner was aware or accessing it. Complaint forms were freely available in all halls. Legal texts were also available in the prison library and prisoners were informed about data protection and how to access their personal information in the admission booklet.

The area used for legal visits had three private interview rooms and a video court facility. Although small, it was sufficient for a stable LTP population. It allowed prisoners access to their representatives quickly with appropriate privacy.

Staff demonstrated a willingness to support prisoners with low literacy, often sitting with them to help complete complaint forms or other paperwork. However, as mentioned earlier in this standard, support for foreign national prisoners was inconsistent. Some foreign national prisoners confirmed they struggled to understand staff, and staff struggled to understand them, which affected their ability to access safeguards effectively. When foreign nationals were taken into custody, the relevant Embassy or Consulate were notified.

Overall, prisoners could access essential information about their rights, but gaps remained, particularly regarding communication support for foreign national prisoners and the consistent use of translation services. Desired outcomes related to this appear QI earlier in the report.

5.7 The prison complaints system works well.

Rating: Poor

Our prisoner survey results indicated continuing concerns about the SPS complaints process and the way the system is working in Shotts. Eighty percent of prisoners said it worked badly, which is slightly worse than the 2022 inspection (77%) and in line with other prisons (81%). Many prisoners described delays, complaints forms going missing and a lack of confidence that their complaint would be processed properly.

IPMs repeatedly raised concerns about the slow and inconsistent processing of complaints. Prisoners and staff told them that PCF1 forms could sit in hall offices before being passed to managers, and unverified allegations were made that forms were going missing. A complaints log had been introduced where every PCF1 should be logged, but this did not address forms going missing, and PCF1s handed to staff that they felt they were able to resolve were shredded and not logged.

Almost all PIAC minutes from this year reported repeated delays and PCF forms going missing. At one PIAC meeting prisoners were told to stop raising issues with the PCF1 system because it had already been raised.

Complaints forms were freely available in the residential areas and staff said they could be printed off in different languages if requested. The prison should consider having them freely available in the languages spoken on the hall.

There was no facility for prisoners to submit complaint forms confidentially straight to an FLM, without having to first go through a member of staff. Admission information incorrectly advised prisoners that they must request a form from staff. The complaints process was only displayed in a couple of halls.

Staff told us they were encouraged to resolve PCF1s that were handed to them rather than passing them straight to a FLM. We agree that staff should attempt to resolve issues at the earliest stage, but once a PCF1 form has been completed and submitted, it should go through the formal process so the prison can systematically identify and resolve recurring issues.

Internal Complaints Committees (ICCs) observed by IPMs were conducted fairly, with staff ensuring complainants understood each step and were given time to speak. PCF forms sampled during the inspection had been responded to timeously and the response from FLMs were well drafted.

Between January and September 2025, the prison recorded 562 PCF1 complaints and 338 PCF2 complaints, both very high figures that require a lot of resource to process. Over a third of PCF2s did not meet the criteria for escalation, suggesting that prisoners were using the PCF2 process out of frustration with delays or lack of progress with PCF1s. The most common issues raised related to property, progression and staff.

The prison logged the month PCFs were received, rather than the actual date so were unable to track timescales to monitor and ensure compliance with the time limits.

The senior management team acknowledged ongoing problems with the processing of complaints. A full review of the system had taken place, resulting in an action plan and focused work with IPMs, but progress had not yet produced results.

Few foreign national prisoners had used the complaints process. One reported submitting a complaint written in English with the help of a trusted officer and receiving a response also in English. This suggested that language support for complaints was limited, and some foreign national prisoners may not be able to access the system effectively or easily understand responses.

Overall, while complaint forms were freely available in English and ICCs were fair and respectful, the system did not function effectively. Processing delays, poor tracking, inconsistent communication and a lack of confidential submission routes undermined confidence. The prison recognised these issues and had begun work to address them, but further improvements were required. The prison should consider introducing a process to allow prisoners to submit complaints confidentially, without having to approach a member of staff. Other Scottish prisons facilitate this by installing secure complaints boxes on each hall that are emptied daily by FLMs. This may address the allegation of forms going missing and speed up delays in the process.

Desired outcome 27: Prisoners can submit complaints confidentially**,** receive acknowledgement and timely responses**,** and trust the process. The next HMIPS survey will reflect that prisoners have confidence in the process.

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

Rating: Generally acceptable

Our prisoner survey findings showed limited awareness of the IPM service. Just over half of prisoners (53%) said they knew the role of an IPM, and fewer than half (44%) knew how to contact one. Both figures had declined since the 2022 inspection. Most respondents had never tried to contact an IPM, and among those who had, only a quarter found the service helpful.

IPMs carried out 77 monitoring visits to Shotts during the period 1 April 2024 to 31 March 2025, which is above the statutory requirement of one visit per week, and completed 256 hours of monitoring. IPMs responded to 70 prisoner requests, which is low for a prison the size of Shotts.

Posters displaying IPM contact details were present in all halls and prisoners were able to call the IPM service freephone number via their in-cell phone, yet most prisoners asked did not know who the IPMs were or how to contact them. This suggested that visibility and communication could be improved. The SPS national

induction slides now include information about IPMs, but to help raise awareness it should also be included in the local induction booklet provided to all new admissions.

IPMs reported having unrestricted access throughout the prison and said they felt safe and supported when carrying out their duties. IPMs noted a common misconception among prisoners that IPMs act as advocates rather than independent monitors. This sometimes led to unrealistic expectations from prisoners and frustration. IPMs also reported that some staff were dismissive or unresponsive to them. One inspector witnessed this during the survey, but it was not an issue during the inspection.

IPMs highlighted positive and constructive engagement with the Senior Management Team. Quarterly meetings with the Governor were described as collaborative, and IPMs felt their concerns were listened to and acted on.

Overall, IPMs were able to carry out their monitoring safely and without obstruction. However, prisoner awareness of the service was low, and staff understanding was inconsistent. Improved communication and better induction information would help ensure that prisoners and staff understand the purpose and value of independent monitoring.

Desired outcome 28: In the next prisoner survey and inspection, prisoners and staff have a strengthened understanding of the IPM service.

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: Poor

The prison offered a sufficient range of employment opportunities in well-equipped purpose-built workshops. These matched the age, ability and preference of most prisoners who wanted to work. Work parties included catering, laundry, wood assembly and wood machine, engineering, textiles, recycling, and occupational charity work. The prison also provided employment for pass men in the education centre, residential halls and gymnasium. Prisoners in the graphic design work party based in the education centre produced the SPS magazine, STIR. These prisoners produced a high-quality publication twice a year across the Scottish prison estate.

Managers reviewed work party schedules regularly to ensure all eligible prisoners could access and participate in employment opportunities. There were good examples of prisoners receiving individual support and mentoring to enable them to participate in work parties. However, despite encouragement by staff, prisoner participation rates in work parties were low, particularly in the textile work shed.

Prison staff did not record or accredit vocational qualifications for prisoners in work parties. This prevented prisoners from gaining qualifications which may be useful on their release. Prisoners in employment were able to access some employability training, based on Fire Awareness and H&S, for which they received a completion certificate. A few prisoners had recently completed qualifications for Biohazard

cleaning, Food Hygiene and forklift operations. Overall, there was a limited range of employability certificates, and no vocational qualifications available for prisoners.

Many prisoners had responded to a prison survey about employment and training opportunities. Most of the prisoners who responded had requested an increase in vocational training and trade/skills training to support their progression and provide opportunities for employment on release.

There was no collaboration with education and employers to support prisoners with employability awards. This prevented prisoners' ability to gain life skills, improve their curriculum vitae (CV) and prepare for liberation.
Desired outcome 29: All prisoners have the opportunity to gain vocational qualifications relevant to employment on their release.

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

The paid work policy was fair and thorough and the rationale for the allocation of paid work roles was clear, defined and understood by staff and prisoners. Prisoners were made aware of the available work parties during their induction to prison and all eligible prisoners were encouraged to attend a work party. However, employment was not compulsory for eligible prisoners.

Employment opportunities were advertised on notice boards in the halls and work sheds and prisoners were encouraged by staff to apply. All prisoners were given the opportunity to discuss their employment opportunities and individual skills and learning objectives with the Industries Manager. Staff supported prisoners well to complete the employment application process. Prisoners were given feedback if their application was unsuccessful and this enabled them to further develop individual learning aims or request an alternative work party.

Prisoners could change their work party if a place was available, although some categories of prisoners were not eligible to apply for enhanced work parties. Where possible, the needs of the prisoner took precedence over the needs of the establishment.

Managers monitored and reviewed work party allocation at regular intervals to ensure it best matched the needs of prisoners. Prisoners were consulted about work activities through focus groups and surveys. Overall, prisoners were satisfied with the arrangements for work allocation.

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: Satisfactory

The education centre incorporated the prison library and provided a welcoming environment for prisoners to engage in educational activities. Education staff delivered a good range of learning opportunities for prisoners in small groups and provided individual support during timetabled sessions. All staff had good relationships with prisoners, and most prisoners were positive about their learning experience.

All prisoner populations had access to education and there were sufficient opportunities for almost all prisoners who wanted to attend education. The standard of tuition was high, and prisoners engaged enthusiastically in their studies. Education staff used a profiling system effectively during prisoner induction to develop a helpful personal development and learning plan which prisoners used effectively to track their progress.

The education centre offered a good range of subjects to prisoners at levels 2 to 6 on the Scottish Credit Qualification Framework. In addition to core skills units, prisoners could study subjects such as graphic design, digital animation, music, English Speakers of other Languages (ESOL), art, creative writing, nutrition and wellbeing biology, psychology and project-based learning for citizenship. A few prisoners studied at more advanced level on Open University programmes. However, prisoners' serving longer sentences found that the range and level of subjects limited their opportunities for progression.

The education provider had recently introduced a Virtual Learning Environment (VLE) within a closed network allowing prisoners to access a wide range of online modules. This was popular with prisoners who engaged actively and for each module completed, prisoners could download a certificate of achievement.

Prisoner attendance at timetabled classes was around 75%. However, only a third of prisoners were engaging in education. The education provider had recently established an engagement and inclusion team to increase the number of prisoners attending education. There were early signs that this was having a positive effect on prisoner engagement. Actions included awareness events and information slots on the prisoner TV channel. The inclusion team were proactive in visiting residential halls to follow up non-attendance and provide prisoners with activities as a bridge education.

Formal surveys of prisoner' views about the education offer had been suspended. A few Peer Mentors operated informally within the education centre supporting other prisoners. However, their activities were not accredited or formally recognised.

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

All prisoner populations had the opportunity to access a good range of sporting and fitness activities throughout the week, in the evening and at the weekend. The timetable allowed prisoners to attend the gym in addition to education, exercise and work parties. The well-resourced gym facilities provided physical and health activities for prisoners in the large games hall, a weights room, cardiovascular area, and on occasions outdoor pitches. Many prisoners made good use of the satellite gyms on each residential hall, which consisted of a cardiovascular area and a good selection of weights.

Prisoners participated enthusiastically in a variety of classes such as Boxercise, Spin, HYROX, Metafit and Circuits. They also engaged actively in the weights room to maintain their physical fitness and were keen to join activities such as pickleball, badminton and football. Physical Training Instructors (PTIs) were proactive in adapting physical activities for older prisoners and those with additional needs. All physical and sporting activities were of a good quality and supervised well. The prison also housed the NIC which contained good quality sporting and fitness equipment. This facility was managed well and encouraged prisoners to maintain their physical health and engage with wellbeing initiatives.

All prisoners completed an induction session with a PTI before accessing physical activity. For non-English speaking prisoners, PTIs used demonstrations effectively to ensure that these prisoners could participate in induction and use the equipment safely.

PTIs were proactive in encouraging prisoners to participate in scheduled physical and health sessions, which were attended well by prisoners. They reviewed the schedule of activities regularly, often in consultation with prisoners, and adjusted help maintain prisoners' interest.

Prison managers had introduced an accredited award through Active IQ which offered a cost-effective route for prisoners to achieve the level 2 Gym Instructor certificate. Two prisoners had recently achieved this award and spoke highly of the programme which enabled them to coach other prisoners during physical activities. PTIs collaborated well with NHS staff to refer prisoners for support with health and wellbeing, and motivate prisoners to improve their health and well-being, and nutrition.

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: Poor

The prison had a well-stocked library located in the heart of the education centre. The library service had been supported previously by the education provider. However, this support had not been included in the contract with the new education provider. At the time of the inspection, library services relied solely on a recently appointed passman. The passman was conscientious and ran the library effectively for prisoners. However, there was no clear SPS management responsibility or strategy for library services.

All prisoners from each residential hall had an opportunity each week to attend the library. Prisoners attending education could also access the library between classes. There was no satellite libraries located in residential halls. The library housed an adequate stock of reading materials and a substantial stock of DVDs. Foreign language books and dictionaries, legal texts and previous inspection reports were readily available. However, space in the library was limited, especially for group work or breakout activities.

Education centre staff provided unofficial and ad-hoc support for activities in the library. For example, they organised annual cultural events between the library and education, a reading group, arranged for visiting authors and thematic displays. Education staff also collaborated effectively with the NHS to encourage prisoners to engage in health improvement promotions. However, this was not a contractual obligation. There was a risk that if the passman stood down, or education staff no longer provided support, the library service for prisoners would cease.

Although there were no inter-library loan arrangements for prisoners to access specialist materials, education staff had established good relationships with several charities. These charities such as Borderline Books, and Kittyhawk Trust supplied special interest and foreign language texts to supplement the library stock for prisoner. Hanover offer an individual £20 per year grant for prisoners to purchase books relating to their educational studies.

Desired outcome 30: All prisoners have access to a well-managed and well stocked library service.

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: Satisfactory

The prison offered a wide range of recreational activities and events. These were promoted on the prison TV and kiosk system to encourage participation. Events included themed catering nights, a prison pantomime, a Who tribute band and a comedy sketch by an ex-prisoner. The prison pantomime was performed to the staff, children and families of prisoners and was received well. Prisoners engaged enthusiastically with all production tasks and enjoyed positive interaction with the audience and staff. Other activities such as carpet bowls, chess and a reading group were available for the older prison population. A Dad’s homework group was organised with external support from teachers to help prisoners understand their child’s ability levels. This is good practice.

Prisoners were consulted regularly, both formally and informally, on the range of activities, and where possible their opinions were taken into consideration when planning events.

Workshops in the creative HUB supported prisoners to address individual challenges and build essential skills. Creative Change Collective empowered prisoners to make positive change through the expressive arts, Soberbuzz raised awareness around substance abuse and Keep the Heid workshops were delivered to support prisoners with mental health and anger management. Music, drama, yoga, mindfulness and Therapets were used well to reduce prisoner anxiety levels and build resilience. Artwork submitted by prisoners for the Koestler awards received high levels of recognition.

Prisoners who edited the STIR magazine contributed to raising awareness of the SPS Anti-bullying policy by designing and producing posters. This provided prisoners with meaningful work which supported the wider prison community across Scotland.

Prisoners had access to an active Listener Service which they found helpful. Ten prisoners had recently been trained as mental health ambassadors to raise awareness around services to support health and wellbeing.

Prisoners engaged well in the Sycamore programme offered by the Links Centre. This popular service had a waiting list. Recovery Coaching Scotland, Celebrate Recovery and the Recovery Café. These services supported prisoners effectively in the rehabilitation process. Chaplaincy teams and gym staff had collaborated well with Tough Talk to promote Christian behaviours while prisoners completed bench press ups.

Good practice 4: A Dad's homework group organised with external support from teachers to help prisoners understand their child's ability levels.

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

Only 78% of respondents to the pre-inspection survey reported that they were able to access their legal entitlement to one hour outdoors in the fresh air every day. These periods were managed within the main residential halls with timing staggered between each level and on a rotational basis. This ensured equity of provision and separation of prisoner groups but if prisoners were attending activities when their hour of fresh air was offered, they missed it. Furthermore, unlock for access to fresh air required the two identified halls to be unlocked in turn, which limited the last group unlocked to approximately 50 minutes.

There were times when access to fresh air started soon after prisoners had finished being issued the lunch meal. Staff reported that lunch service could be delayed which affected access to fresh air, but this did not happen during the inspection. The first session of afternoon visits started at 13:30 but required a pickup from the halls at 13:15 and therefore also affected lunch time access to fresh air.

An evening summer programme to allow access to the outside exercise area in the evening had been introduced in May. This was not in place at the time of the inspection because of the seasonal reduction in daylight hours.

Each residential hall had their own exercise area and an additional football pitch, both of which could be accessed by wheelchair users. We witnessed the lift within the hall being used by an individual with mobility issues.

Access to fresh air was available to those on Rule 95 in the SRU in the early morning as there were three separated yards designated for them to take fresh air, but it was more challenging for those on Rule 95 in residential areas. Staff in the halls recorded the request for fresh air, then liaised with the SRU for a suitable time. With 13 prisoners in the SRU it was a challenge to provide a regime for the residents in the SRU and enough exercise periods for all 18 individuals subject to Rule 95 in the residential areas.

In practice during the inspection no prisoners on Rule 95 took up the offer of fresh air, but in previous weeks an average of three individuals accessed fresh air for an hour. For those on Rule 95 for MORs, access to fresh air was dependent on the health and safety considerations of the individual and attending staff.

Desired outcome 31: All prisoners have access to one hour of fresh air at a reasonable time of day that does not clash with other activities.

6.8 Prisoners are assisted in their religious observances.

Rating: Generally acceptable

In the pre-inspection survey 47% of respondents with religious beliefs reported feeling well supported to do so.

The Chaplaincy Team comprised four individuals representing the major faiths within the prison. The full-time Church of Scotland Minister was recently appointed but had been a prison chaplain in other establishments

There was a multi-faith centre with a timetable of religious observance from Monday to Friday, with regular attendance. Muslim Friday prayers were held on a Tuesday afternoon, and there were no plans to rearrange. As we are consistently finding on inspection, there were no services at the weekend, unless for specific religious ceremonies. The Chaplaincy Team organised celebrations for religious festivals such as Easter and Ramadan. They were available on call if required. There had been a difficult period of recent staff bereavements. Chaplains provided additional support in a new staff quiet room, where people could go if they needed time out or immediate emotional support.

In the case of a death in custody, the Chaplaincy Team was on hand to offer support to prisoners and staff. They were the link to families during the Death in Prison Learning Audit and Review (DIPLAR).

The Chaplaincy organised a number of activities and events throughout the year including talks from prominent individuals about escaping a life dealing and taking drugs. Tough Talk delivered two presentations with powerful testimonies of their life-changing transformation. A Blue Christmas drop in had been launched in 2024 to give staff an opportunity to remember loved ones. Struthers Memorial Church Choir sang at the 2024 Christmas service Prisoners Week.

The Chaplaincy was supported by 17 partner organisations and ran courses such as the Sycamore Tree, a six-week course in restorative justice that was delivered to 60 individuals in the last year. The Alpha course, an eight-week course on bible study had been completed by 14 individuals and Celebrate Recovery – a weekly 12-step recovery programme over six weeks was designed to help people address a variety of issues and habits they wished to address. A Diploma in Roman Catholic teachings was available. Guest speakers came in during prisoner week, the Archbishop of Galloway during Lent and a magic/illusions group illustrating the bible.

Good practice 5: Chaplaincy and community support for a wide range of activities.

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: Satisfactory

The majority of prisoners (77%) in the pre-inspection survey said that they were able to access in-person visits every week, and 57% said they could access a video visit at least once a week.

There was adequate information both for prisoners and visitors on the timetable and the process for booking visits. In-person visit allocation was equitable for all and could accommodate up to 22 prisoners and up to three visitors (not including children). The area was open and airy with a good standard of colourful decoration. The maximum monthly (4 weekly) visit capacity was 1,792 in 24 weekly separate sessions. The previous month 598 open visits had been booked and 426 taken.

One evening session was identified as children's visits and had space reduced to 10 visits. Three of these sessions were father and child sessions for a maximum of six, to allow for space and privacy in playing/bonding with the children. A further session offered an additional support for neurodiverse children and family members. A prisoner who attended this said the support offered by the Family Contact Officer (FCO), who had lived experience of having a neurodiverse child, was much appreciated. Although the activities available for these visits were limited, support was guided by the FCO and the third sector from 'Getting Better Together'. There were plans to provide neurodiverse awareness sessions for the prisoners and staff in the coming weeks, supported by the Operations Management team. Five virtual visits were available for each normal visit session, providing 380 bookable virtual visit session in any four-week period. 98 virtual visits had been booked, but only 70 had been taken in the last month.

There was a designated children's play area inside a small alcove within the visit room, but it was limited in nature and in a confined space and would be difficult to have more than two children playing in this area at any one time.

A Tea Bar was available at the weekends operated by prisoners supported by the 'Better Together' group. On Sunday morning visits, rolls were provided at the establishments expense. Vending machines were re-filled three times a week. Only one provided hot drinks and was not working at the time of the inspection.

The third-sector organisation, Early Years, provided additional staff to support visits. These staff members were managed on-site by the Better Together representative. The Better Together representative is not the formal line manager for the Early Years Team, which occasionally led to co-ordination challenges.

The FCO was an established post, with the current holder new in the role. A start had been made for more inclusive family focused activities including 'Breakfast with Santa' and 'Halloween parties' to allow all fathers the opportunity to spend time with their children.



Visit Room

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: Satisfactory

The entrance to the establishment was clean and orderly but did not have much information on the notice boards. The area had comfortable seating for adults and three smaller seats for children. The visitor's waiting area provided an informative and welcoming environment with good information.

In the pre-inspection survey, of those who received visits, 65% reported that their visitors were treated with respect all or most of the time by prison staff. Staff were seen being courteous, friendly and helpful. An example of this was where visitors contacted the vestibule staff to cancel a visit and an alternative session was

arranged. The record kept of any visit that was turned away showed 44 instances since January 2025 with the reason for refusal noted.

Families Outside had delivered a training session “understanding the issues for families affected by imprisonment” to prison officers in March the previous year with positive feedback from the participants.

The visits area was a spacious area and well-lit from natural and artificial lighting with prisoner paintings in the area. The atmosphere was relaxed and relationships between staff and prisoners felt positive. Staff were positioned so as not to be intrusive whilst still maintaining an appropriate level of security.

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: Generally acceptable

Where it was not possible for families to use the normal arrangements for visits the prison took alternative steps. 57% of people responding to the pre-inspection survey said they had access to virtual visits every week. This is an increase from 39% at the inspection in 2022.

Prisoners reported issues around connectivity with virtual visits, and this remained a problem from the previous inspection. Staff said connection issues were not regular, but it remained very frustrating for those affected. The foreign national prisoners told us they worked out how to use the visitor’s system themselves, without the help of prison officers. They were frustrated that the system lacked translation, and lost connectivity frequently. Foreign IDs were not always recognised which could cause issues. Prisoners felt that the video visits should be accommodated in separate rooms as the noise level was very high when located in the same room as in-person visitors.

As noted in the last inspection, where a crisis such as a death in the family occurred, prisoners and their families were offered a quiet place to meet, such as a legal visits room or offering an alternative time outwith visits. Recently, one prisoner who was terminally ill had his family visits take place in the agents visits area for a more private space. Other special arrangements included extra days attendance or extra phone credit, particularly where a family member was very ill or there had been a family crisis.

E-mail a prisoner was regularly used, having been used 366 times in October 2024 and 387 in October 2025. It included an established process for dealing with virtual visit notification and cancellations, and legally privileged correspondence.

Desired outcome 32: Virtual visits take place in a quiet environment with reliable connectivity.

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: Satisfactory

There was no evidence that visits were withdrawn as a punishment and fathers who were on closed visits could get access to their children in open conditions.

Where someone was found to breach the rules regarding the introduction of illicit items or behavioural issues within the visit room, the individual was placed on closed visits and had their case reviewed at a closed visit meeting held fortnightly. In attendance were the Visits and Security FLMs and the Operations Unit Manager. Prisoner representations were taken to this, and a discussion took place using all information available on the case. An outcome was agreed, and the prisoner was notified. A database was kept on SharePoint showing who had been and who currently was on closed visits, as well as review dates. The prisoner was expected to communicate his closed visit status to other friends or family. Visitors placed on closed visits would be sent a letter informing them of a temporary ban with a review date.

Out of a population of around 539, there were three prisoners on closed visits during the inspection. The time spent on closed visits ranged between one month and three months, and all had review dates. There were six closed visit booths which was sufficient for the population.

Those visiting prisoners on restricted visits were able to purchase drinks etc from the visit vending machines for themselves and the prisoner, so they were not disadvantaged because of the restriction.

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 majority of respondents (61%) in the pre-inspection survey said that they knew what courses or programmes they needed to undertake to progress through their sentences. Almost one-third (30%) said they did not know, and 9% said they did not need to undertake any programmes.

In the last year Constructs and Pathways programme delivery had been paused nationally by the SPS. This was a national decision to reduce the lengthy waiting lists for programmes designed to address areas of highest risk. The course lists were divided between Discovery Reduction of Violence, an aggression programme with 27 sessions over a three-month period, and the Self Change programme. Completion took between a few months to over a year dependant on the individual needs. The establishment said they were on track to have 16 prisoners complete of the Self Change programme this reporting year. Discovery was projected to complete two cycles this year and 19 out of the 20 prisoners had completed it, with one de-selection.

The risks identified for prisoners prior to the suspension of courses remained. The Programme Case Management Board (PCMB) were managing this by highlighting areas where the prisoner could address their offending behaviour, lending to a more holistic view of sentence management to address the treatment needs. This 'pull through' of RMT cases was a progressive approach and chaired by the Deputy Governor. Activities supporting the population in this regard, were managed through the HUB and the Support and Wellbeing Team, and included Alcoholics Anonymous, the 12 Steps programme, mindfulness, recovery coaching and several bespoke interventions for specific population groups, including activities for an older population demographic.

Prisoners who met the criteria for progression were referred for a RMT that discussed suitability for progression to less secure conditions. There was a waiting list of 12 for the National Top End and two for the Open Estate. The establishment progressed the highest proportion of individuals to less secure conditions across the SPS estate, with 60-70 prisoners per year in the last two years, despite the challenge of reduced capacity for programme delivery.

The Psychology Team was under resourced for the work required. There was a Head of Psychology, but only one of the three available psychology manager posts had been filled. Only two out of the six psychology posts were filled, with one of them on maternity leave. Personal Officer input to progression was not consistent across the establishment with some areas evidencing good engagement while in others it was very limited.
GPAs were required unless a prisoner was considered a low-risk LS/CMI category. Completions of GPA, and LS/CMI assessments were within timescales. The demand for GPA assessments remained high and there were no spaces available until March.

Desired outcome 33: All prisoners in Shotts have access to an effective progression journey, supported by adequate staffing levels in the Psychology team and effective programme delivery

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 ICM administrator had a database that identified critical dates for progression and parole, as well as ICM and RMT dates. The two ICM case load officers managed the workload on a weekly basis. A minimum of two RMTs took place each month with a minimum of five cases being reviewed on each day. Additional RMTs were scheduled as necessary to ensure no backlog of cases.

In the last six months, 79% of prisoner attended their ICM, and where they did not wish to attend, they were encouraged to submit self-representation. Families were always invited to ICMs with the prisoner's consent. Attendance was low at 27%, but

this was a significant increase from 11% the previous year. Social work had 89% attendance.

The RMT was well conducted and there were good discussions between partners, but prisoners did not attend any RMTs. The main reason cited was that the discussions were focused on factual and risk-related matters, which tended to turn into plea bargaining and created stress, ultimately hindering constructive progress. The process now required the ICM Manager to relay the information to the individuals soon as possible, and this was confirmed during the inspection. This was raised in previous inspections, and it remains important that prisoners are able to present their case verbally to the RMT and empowered to challenge decisions made about them.

We attended an RMT and an ICM. The RMT minutes were to a reasonable standard with evidence that prisoner self-representation was included.

Desired outcome 34: All prisoners are able to make representations directly to the RMT and challenge any decisions reached.

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

At the time of the inspection there were 17 prisoners on an Order for Lifelong Restriction (OLR). This is an increase of 12 from the last inspection and is 7% of the national OLR population. In the last 12 months, two had progressed to open conditions.

There had been no circumstances in which prisoners had been released on temporary licence in the last 12 months. Thirty-four opportunities for exceptional days absence were applied for in 2025 and 21 were approved, of which 17 were fulfilled by the escort provider and four carried out by SPS staff.

There was a system in place to manage the 17 OLRs in the prison. Those interviewed fully understood the OLR process, and their requirements to engage. There was contact between prisoners, Personal Officers and Psychology. Monitoring sheets for each OLR were accessible in the hall. Staff spoken to were knowledgeable about why and what information they need to record and that documentation sampled reflected this. The psychologist overseeing the OLRs reviewed them regularly.

Out of a population of around 539, there were approximately 28 prisoners on Multi-Agency Public Protection Arrangements (MAPPA) conditions on release. This was a significant reduction from 80 of the last inspection. The process remained the same in that prisoners were identified on admission as a MAPPA case and the information was recorded and allocated to the ICM Team. However, the prisoner did not necessarily realise this until their initial ICM. Prisoners should be told as soon as it is known, that they are subject to MAPPA to allow them to understand release arrangements. Similar to other case management, the ICM Team gathered all the information to inform the MAPPA with some assistance from Personal Officers. The IMU were also consulted to complete any gaps in the information in ICM domains on PR2.

The prison had maintained effective working relationships with external agencies such as Police Scotland and Social work, with good information sharing amongst the teams. The prison, through the ICM Team, met with the local police and social work from the area to which the prisoner was being released to agree the MAPPA level, which was forwarded to the local social work department. Thereafter a formal meeting was attended by several agencies which could also include housing, NHS and addictions services. If there were any amendments to the MAPPA level, the prison informed the person of the new arrangements.

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

Partnership working between case management staff, prison-based social work and external agencies supported planning for safe and effective community reintegration. Pre-release ICMs were important in ensuring planning for release was robust and shared by relevant partners. Regular liaison with community resources enabled release plans to be developed, particularly for prisoners subject to MAPPA, where detailed plans with clear roles and responsibilities were consistently in place.

As a prison for long-termers, approximately 50 people a year were released directly to the community. The Links Centre was a limited resource which had minimal external agency presence. While support for benefits and employment was available, independent housing advice was not routinely provided.

Identification of prisoners due for liberation occurred 10–12 weeks prior to release, allowing minimal time for practical assistance such as securing welfare grants, recognised identification and bank accounts. More recently, Links Centre staff demonstrated responsiveness by providing advice to prisoners involved in the Scottish Child Abuse Inquiry.

Desired outcome 35: The Links Centre is adequately resourced and supported by external partners and offers effective support, with access to independent housing advice.

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

Enhanced ICM and parole processes were firmly embedded within the establishment and coordinated by a dedicated case management team. Case conferences were chaired by committed case managers who proactively gathered relevant information from key partners, ensuring prisoners were fully represented. Attendance by both prison and community-based social work was consistent, promoting effective communication and collaborative planning. Where other key partners were unable to attend, they provided written contributions to maintain continuity.

Prison-based social work fulfilled its role within ICM processes. Previous delays in completing LS/CMI assessments for initial ICMs had been addressed through resource reallocation and the introduction of a robust tracking system developed by the senior social worker in partnership with SPS. This system enabled monitoring of completion rates and key data, clearing the backlog and ensuring timescales were met. Risk of serious harm assessments were completed when required, despite challenges arising from limited information and the short time available to build relationships with prisoners recently transferred into the prison.

Personal Officer attendance at case conferences remained challenging due to operational pressures and staff absence. However, targeted support through the mentoring service had improved the quality of information recorded on PR2, ensuring their views contributed meaningfully to decision-making.

The RMT operated effectively, with strong collaboration between internal partners and relevant contributions from community-based social work. Communication between psychology and prison based social work promoted robust assessment of risk and needs, ensuring that relevant management strategies were developed.

Recent initiatives strengthened the quality of Personal Officer submissions through early mentoring and additional quality assurance prior to RMT presentation, ensuring information relevant to progression decisions was consistently available.

See Desired Outcome in QI 5.2 on time for Personal Officer activities and Good Practice in QI 8.4 on the benefits of the mentoring scheme.

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

The programmes delivery team and psychology staff continued to deliver offender behaviour programmes in line with SPS expectations. The prison is one of three

delivering the Self Change Programme (SCP), which requires significant input from both teams. However, national psychology vacancies reduced capacity to proceed with planned delivery of SCP. In response, and in consultation with SPS Headquarters, resources were reallocated to increase delivery of the less intensive Discovery programme.

Additional support was provided for prisoners with specific learning needs, including Attention Deficit/Hyperactivity Disorder (ADHD) and processing difficulties. This included individual sessions and adapted programme materials to ensure accessibility.

RMT processes effectively identified post-programme consolidation needs and communicated these to receiving establishments prior to progression to the National Top End or Open Estate. The Programmes Case Management Board, chaired by psychology, operated effectively in identifying interventions to meet assessed need, although high demand caused delays in considering GPAs.

The LS/CMI was a key factor in identifying the need for offender behaviour programmes with the assessed risk level guiding decisions about whether a GPA was required. The factors reviewed in reaching conclusions about risk levels did not always wholly reflect the risk posed by the individual. In these circumstances, effective collaboration between psychology and prison-based social work supported skilled override decisions.
Staff and prisoners expressed concern about the national waiting list for accredited programmes, which continued to impact timely progression. Constructs and Pathways programmes were paused to prioritise SCP and Discovery delivery, creating challenges for prisoners requiring these interventions. To mitigate this, the prison gathered alternative evidence of engagement and compliance, including participation in peer support, recovery cafés, addiction services, and monitoring through MORS and mandatory drug testing (MDTs). This information was used to inform decision-making within ICM and RMT processes.

Good practice 6: Adapted programme materials and individual support for neurodiverse prisoners.
Good practice 7: Effective communication of post-programme needs through RMT processes.
Desired outcome 36: There are manageable waiting lists nationally for accredited programmes or equivalent interventions that meet assessed needs.

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

Case managers chaired ICM case conferences effectively and ensured that the person was central to discussions. Prisoner attendance and participation was consistent and well-embedded. Community Integration Plans were completed and updated providing clear evidence of progress. Family involvement was actively supported, with telephone participation facilitated when in-person attendance was

not possible. Plans were discussed and clear targets were presented to the prisoner to ensure they understood expectations. This was at times frustrating and distressing due to delays in timely access to programmes. Prisoners were provided with suggestions for alternative ways in which they could demonstrate motivation and compliance while waiting for access to programmes. When required, interpretation and translation services were available and included translation of conference minutes.

Prisoner contribution to RMT processes remained challenging, as they were not invited to attend these meetings. It was explained by the prison that given the sensitive nature of information discussed, including intelligence gathered in custody, full attendance would compromise the integrity of deliberations. To mitigate this the prison encouraged and supported prisoners to submit written self-reports. These reports were consistently reviewed and factored into decision-making, with constructive feedback provided to help prisoners improve the quality and clarity of their submissions. Verbal feedback on RMT outcomes was provided to prisoners promptly, usually the same day, which allowed time and space to explore the person's reaction to decisions. Prisoners were provided with written copies of key decisions.

Personal Officers provided structured support to prisoners ahead of case conferences and RMT meetings, reviewing key documentation and helping them prepare meaningful contributions. This proactive approach improved the quality of prisoner input, ensuring decisions were better informed and more reflective of individual needs. However, prisoners should have the opportunity to discuss and challenge any issues that arise during a RMT and not after.

Targeted mentoring and frontline manager oversight strengthened Personal Officer confidence and consistency, resulting in more reliable recording and submissions that directly influenced progression outcomes.

Desired outcome 37: Prisoners and their families are fully engaged in the RMT processes and prisoners have opportunity to attend part of the meeting to present their case for progression

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

Rating: Generally acceptable

The prison was not offering any services to prisoners after their release.

Community based social work offered voluntary throughcare to the limited numbers of people being liberated from the prison at their sentence end date.

The Links Centre facilitated access to the Department for Work and Pensions (DWP) and Job Centre Plus for benefits and employability support and advice.

Desired outcome 38: Effective post release support is available for those liberated from the prison.

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: Satisfactory

The prison was in year two of its Equality and Diversity (E&D) Strategy 2023 – 2028. There had been a reset in December 2024 to refocus on this important area. A Unit Manager lead on all E&D matters, assisted by the Support and Well-being Officer and the education provider team leader, each leading with different protected characteristics.

The prison did not receive new admissions, only transfers from other prisons, therefore the E&D Manger did not check those arriving to understand the needs of those with protected characteristics. Instead, they relied on the sending prison to have identified and carried out early support work for those requiring it. Staff identified support required, generally through admission assessments. Issues might also be raised through Equality and Diversity Form (EDF) complaints, prisoner requests and the E&D meetings. Not reassessing those transferring to the prison was recognised as a gap that required to be addressed. We highlighted good practice observed in other prisons with E&D ambassadors.
E&D meetings were planned to take place four times per year, attended by representatives from different areas of the prison, including prisoner representation and chaired by the Governor. An E&D action plan was reviewed at every meeting to indicate progress made on any issues arising. Minutes of the meetings were available on SharePoint but were not displayed on all prisoner notice boards. Prisoner representatives felt they participated fully at these meetings but would like more notice to allow them to gather issues from the wider population. An increase in prisoner representatives, currently two, would also allow better representation from across the prison, and notices in the halls identifying who the reps were would also be beneficial.

In a bid further to embed E&D within the prison, the E&D Group had involved catering with themed nights. Some events had already taken place such as Eid and an Easter celebration, with more planned. Other support networks such as groups for the over 50s, a neurodivergence group, Autism awareness for prisoners, and activities such as the planned Pantomime 'Cinderella', all encouraged inclusiveness and offered support. Meetings had taken place with ADHT Scotland to look at supporting staff working with those with ADHD but was unfunded.

Family Contact Officers were consistently looking for ways to support neurodiverse prisoners and their children during visits. The Prisoner Information Channel was utilised to inform prisoners on E&D issues. Although staff were not always familiar with the strategy, there was a reasonable understanding of E&D matters in general. Online training for staff was sitting at around 91%.

In our survey, 39% of respondents were living with a long-term health condition or disability. Forty-five percent of them reported being treated poorly in relation to

supporting their condition. During the inspection, most prisoners spoken to reported receiving adequate care, but had genuine concerns about their future with regards to future needs around accessible cells.

The age of the prisoner population nationally is rising. Not enough is being done to plan for their future support needs. Out of a prison population of 539, 132 of the population were over the age of 50 and the oldest was 80.

Age range	Number in range
50 - 59	81
60 - 69	47
Over 69	4

Older prisoners feared that if they had a major medical set back such as a stroke, the prison was ill equipped to look after them. They felt that even their current accommodation was inadequate to support their needs. Spending more time in their cells due to reduced mobility meant a need for a more comfortable chairs rather than the hard plastic bucket type chair they had. Adjustments such as railings in the shower and toilet to minimise the risk of falling would also be necessary at some stage in the future, but they were not confident this would happen quickly. There were only four accessible cells in the prison, and all were occupied. See Desired Outcome in QI 9.6.

The E&D manager had received three EDFs since January 2025, which is low in comparison with other prisons. The E&D manager was not convinced they received every EDF complaint made as FLMs sometimes answered for them. Guidance for FLMs was circulated to explain the EDF process. Two out of these three were not E&D issues, but replies with appropriate responses were sent back to the complainer. The issues we have identified in previous inspections remained, with the EDF being attached to a PCF when they should be separate processes.

There were 36 foreign nationals in the prison. The largest groups were from China (4), Poland (4), Iran (3), Romania (3) Turkey (3) and Lithuanian (3). Generally, they felt safe and were treated well, but as reported elsewhere in this report, a common complaint was a lack of translation of information and documents such as PCF forms. They were unaware that PCFs were available in their own language and this should be rectified. Virtual visits were sometimes difficult to access as the system invariably did not recognise foreign IDs. Another issue was the potential inability for foreign nationals to progress to the Open Estate if assessed by immigration services as a ‘flight risk’; although most felt that they would be deported, not being formally told this was frustrating.

There was a record of foreign national prisoners been given money on their phone to contact their families abroad, but the number appeared low compared with the foreign national population. Some foreign nationals were unaware they could apply for extra minutes. If a foreign national chose to use their 200 free minutes to contact someone in the UK (a friend) then they did not receive the extra money to phone their families abroad. Moreover, if they had no UK contacts to use the 200 free minutes for they could not use any of it for phone calls to other countries, which

discriminates against foreign nationals. HMIPS considers this to be a national issue for review by SPS HQ.

Being deaf in prison is a challenge which has been highlighted during other inspections. Staff need to know if they have deaf prisoners in their areas and ensure messages are clearly communicated to them. A person with hearing difficulties suggested the prison place a sign on his cell door making staff aware of his hearing difficulty.

Desired outcome 39: Foreign nationals are supported effectively to understand all aspects of prison life and are treated fairly with regard to phone credit for maintaining contact with their families.

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

The prison had effective processes for monitoring progress in response to previous scrutiny body recommendations and internal PRL audits. Action trackers were in place and regularly reviewed at the monthly business review meetings, with individuals held accountable for responding to the various action points. The number of outstanding action points and the assurance outcome provided through the internal PRL self-assurance audit process, was also reviewed at the six-monthly business meetings with the Director of Operational Delivery.

There was evidence from this inspection of improvements being secured in response to several recommendations from our last inspection report. For example, with notable improvements in relation to healthcare, although some issues identified in our last inspection reports remained unresolved. In general, however, there was evidence of consistent and effective follow up.

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: Good

The Governor had initiated an impressively comprehensive engagement exercise with staff, prisoners and families in 2024 to identify where each group thought improvements were needed. All staff apart from those on sick leave were involved in the exercise. The Governor started the process with face-to-face chats with all FLMs and then asked FLMs to discuss issues of concern and areas for improvement with front line staff. Prisoners had been involved in designing the questions to be asked in a prisoner survey that got a 30% response rate, with 170 out of 538 responding. The prison also engaged with families, with 75 questionnaires received from them. The engagement process had identified a range of key issues which needed to be addressed, helped with prioritisation of those issues, and fed into development of the

Annual Delivery Plan. The results of the consultation exercise had been communicated to prisoners via the Prisoner Information Channel. The Governor had then responded quickly to the feedback from prisoners by allowing property to be handed in during visits, building credibility in the value of the exercise.

A range of performance data was also reviewed at the six-monthly business review meetings with the Director of Operational Delivery.

The Governor in Charge (GiC) had also set up three groups to investigate areas of concern, and drive improvements on issues arising from scrutiny body recommendations, internal PRL audits, or routine monitoring and which needed more input. These were a Safe and Secure group, Offending Behaviour group, and Change Management group. As referred to earlier in the report, the Safe and Secure group looked at violence statistics and action to reduce violence, as well as reviewing the handling of incidents for significant learning. The Offending Behaviour group looked at issues in relation to case management, access to programmes and what more could be done outside programmes to address offending behaviour. The Change Management group was designed to provide tight oversight of more complex projects and issues of key importance in the Annual Delivery Plan. These three groups met monthly. The Senior Management Team attended all groups and FLMs attended the Offending Behaviour Group.

A fourth group on Trauma Management had been set up with NHS Psychology as a pilot and met quarterly but was not yet fully effective due to changes in personnel. The intention was that the group would take a trauma informed look at the prisoner journey through the admissions process.

Good practice 8: The comprehensive exercise to engage staff, prisoners and families on where improvements were needed, with prisoners involved in designing the survey for their peers.

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: Satisfactory

The prison's training statistics in relation to core competencies were slightly behind the internal 95% compliance target, with most sitting between 71% and 89% at the time of our inspection. This was partly due to the absence of the Learning and Development Manager on sick leave, but she was now back and overseeing co-ordination of the training programme. Every effort was made to avoid cancelling training sessions, but occasionally staff shortages or unforeseen events necessitated this. During our inspection one C&R session had to be abandoned when a participant took ill and had to be taken to hospital.

The prison operated a "soft landing" for new residential staff who were given the opportunity to work alongside operational staff and see how admissions, visits, front of house and the work sheds etc. operated before taking up residential duties. It was

widely perceived to be helpful to see how these other parts of the prison worked to respond effectively to requests from prisoners in the residential areas.

As previously reported, the prison had also developed a very successful mentoring scheme for new recruits, which was widely praised by those who had been on it. In addition to four weeks of training on specific themes, participants had access to the mentors for day-to-day issues and a wealth of useful material on SharePoint, providing one of the most comprehensive training and development opportunities for new recruits that we have seen. The information on SharePoint was accessible to others and proving to be popular with more experienced staff when asked to take on new roles within the prison. Almost 250 staff had accessed the training at the time of our inspection.

The prison had also invested in a generic developmental programme with 60 staff trained in Seven Habits of Highly Effective People and planned to roll that out to others in future. The GiC recognised the need to provide further training and support for individuals acting up, particularly those acting up to FLM, and intended to prioritise that in future.

There was evidence of succession planning, but there was still an inherent fragility around the composition of the senior management team, with three individuals acting up and other changes expected soon.

Good practice 9: The mentoring scheme and “soft landing” initiatives for developing new recruits in residential roles and supporting more experienced staff taking on new roles. It was also developing the skills of Personal Officers.

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 the “soft landing” for new D band residential staff recruits gave them a helpful understanding and respect for the role played by C band operational staff, while the mentoring scheme and training on the Seven Habits of Highly Effective People provided further opportunities for different cohorts of staff to come together and share experiences. Involving FLMs in the Offending Behaviour Group was similarly helpful in ensuring different perspectives were brought into improvement activity. The Staff Recognition and Wellbeing Committee had representation from residential functions, offender outcomes, operations, Estates, and Administration, helping to ensure contributions from across the whole prison were recognised and supported development of a sense of unity towards a common goal. There was no doubt too that this was the message which the GiC sought to convey in her own communication with staff.

Nevertheless, feedback from our survey of healthcare staff indicated there was room for further improvement, with only 46% of healthcare staff thinking that people working in different departments within the prison respected and understood each other’s roles. Moreover, there was a lack of knowledge amongst workshed staff and

Personal Officers about the new contract with People Plus and the changes that should flow from that.

Desired outcome 40: All staff understand and respect the work of others with a shared and united sense of purpose.

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: Generally acceptable

The prison sought to recognise good performance with nominations for Butler Trust, Chief Executive, and Governor awards. Staff recognised by Chief Executive and Governor awards were given the opportunity to celebrate over cake and tea with colleagues or families when receiving their certificates. A refreshed Staff Recognition and Wellbeing Committee was being reconvened with representation from many different functions within the prison.

Sick absence processes provided appropriate care, support and communication through line managers for those on sick leave. Those on long-term sick leave received a letter from the Governor enquiring about their health and wellbeing and whether there was anything else the prison could do to support their return to work. Some individuals had been left with no sick pay because of a tighter focus around occupational health assessments and decision making when ending appointments under capability grounds. The average number of days lost over a six-month rolling period had reduced from 23.7 in April 2025 to 20.1 in September 2025, but statistics also showed an increase in September in the number of staff off sick with issues such as musculoskeletal, operations, heart failure and infection, suggesting the recent reduction in average days lost might be hard to sustain over the winter.

Potential staff misconduct issues were rigorously investigated, with staff suspended while investigations continued. HR felt they were involved at an appropriately early stage in consideration of potential misconduct.

Given the size of the overall workforce the absence of anyone not on probation being managed for poor performance was surprising. Moreover, completion rates for staff appraisals were poor, with only 38% of all staff having an appraisal recorded as completed. The Governor and Deputy Governor needed to play a stronger role in championing the importance of the appraisal system and lead by example in ensuring reports on the senior management team were completed.

Participation rates (10%) for the People Survey were too low to make their results in any way meaningful. The challenges in persuading busy staff to complete a time consuming and overly complex survey that does not feel relevant to their daily work were obvious. The SPS and the prison may wish to consider adopting a simpler, shorter survey of its own that might feel more relevant and have more credibility with staff.

Desired outcome 41: The performance of individuals is managed appropriately, and staff have confidence to express their views annually on how they are being supported and managed.

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

As a national prison for LTPs, the prison engaged with DWP, and a wide variety of local authority housing partners around pre-release planning, but links were strongest with the North Lanarkshire Community Justice Partnership and the North Lanarkshire Drug and Alcohol Partnership.

The prison had a wide range of partners who came in and provided services, particularly around addiction issues, through the support provided by the Scottish Recovery Consortium and the Scottish Drugs Forum. Both included people with addiction experience who acted as peer mentors and provided a role model for recovering addicts on what might be possible if they sustained their recovery journeys.

The prison had expanded from addictions into wellbeing focused initiatives with partnerships involving performing arts groups such as Creative Change. Other third sector partners included Therapets, Age Scotland, and ‘Keep the Heid,’ a mental health charity for men. These provided recovery, and mental health and wellbeing opportunities for both protection and mainstream prisoners.

Partners being sought for future work included specialist services for veterans, neurodiverse individuals and younger people with long-term sentences moving from HMP & YOI Polmont to the adult estate, using the National Integration Centre as a model for that transition. Although some of these partnerships had grown organically, there was therefore a clear direction of travel strategically with partnership work.

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

Like other prisons with timber construction work sheds, Shotts helped with various community projects, providing a wide variety of garden sheds, benches, planter pots and sensory related products for schools, nurseries etc., where these organisations paid for the wood and the prisoners provided the labour in construction, painting and wood staining. There were numerous examples of letters of thanks from community organisations on receipt of the finished articles, which were appreciated by the prisoners who made them, as well as improving perceptions of the prison and the SPS in these communities.

As with all other Scottish prisons media issues were co-ordinated by the central SPS HQ communications team, but the Deputy Governor had conducted an interview for Scotland Tonight on the work carried out at Shotts and the Governor had carried out TV pieces and written an article for the Times about drone activity. The Deputy Governor had plans to showcase the work being done in the prison around recovery from addictions and, if possible, the important role of those with lived addiction experience as peer mentors and role models.

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: Generally acceptable

Effective systems were in place for registered nurses to complete healthcare screening for individuals transferred into the prison, including assessments of immediate mental and physical health needs to ensure fitness for custody. The standardised screening tool available on the patient care record system, Vision, was completed for all transfers arriving at the prison.

Screenings were carried out in a dedicated consultation room that had improved since the last inspection in 2022, but the layout of the room posed a safety risk; a review of this room was recommended to address this risk.

Transfers to the prison were generally planned, so late admissions to the prison when nursing staff were off duty were rare. In these cases, SPS staff implemented interim care plans and could access out-of-hours medical services if needed. A process was in place to ensure that health screening would be completed the following day.

All people transferred into the prison were offered an SPS induction, during which they were provided with information on the healthcare services available and how to access them. However, inspectors were informed that not all people in prison attended these induction sessions. Additionally, during reception healthcare assessments, individuals were not always given written information about how to access healthcare services. As a result, some individuals could miss out on receiving important healthcare information. To ensure consistency and equity, providing easy read, healthcare information, in different languages at the point of arrival would help everyone clearly understand how to access the services they need.

Interpreting services including Language Line were available to support healthcare assessments. Healthcare forms covering in-possession medication and consent to share information were also completed.

Anyone identified as being at risk of self-harm or suicide was managed in line with the SPS suicide prevention strategy, TTM.

Desired outcome 42: The layout of the consultation room in reception has a clear and unobstructed route to the door.

Desired outcome 43: All patients receive easy read healthcare information in different languages on arrival, ensuring they understand how to access the service they need.

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

Rating: Generally acceptable

The healthcare service operated a model that promoted accessible, coordinated, and person-centred care. Delivery was structured through ANP, GP, and nurse-led clinics, ensuring a broad range of clinical expertise was available. Out-of-hours provision was supported by a clinical escalation pathway via the Flow Navigation Centre, which provided access to a senior clinical decision maker 24 hours a day. The service was also available to SPS staff.

Following their initial assessment all transfers were offered an appointment with an ANP. During this consultation, medicine Kardex' were reviewed and referrals to other services, such as mental health or substance use, were made if required.

Referral forms were available to self-refer to healthcare and were in an easy read, picture format to support patients with literacy difficulties. However, these were not readily available in different languages. Lockable boxes were seen in the residential areas for patients to post their self-referral forms confidentially. Inspectors were informed that self-referral forms were collected each morning and allocated to the appropriate service for triage by a registered nurse.

After initial triage by a primary care nurse, GP referrals were reviewed by the ANP to determine whether the patient should be seen by a nurse, GP or ANP. This process ensured patients were seen by the most appropriate clinician. Patients were not informed when their referral had been received or given the estimated waiting time. Appointments with GPs or ANPs cancelled due to staffing gaps were automatically rescheduled. However, there was no formal process to ensure that rescheduling of the appointments included consideration of the clinical urgency of the person to be seen. At the time of the inspection, waiting times to see a GP or nurse were in line with community provision.

Some patients had missed their secondary care appointments, such as hospital and nurse specialist consultations, due to variations in the performance of the prisoner transport provider, GEOAmey. The prison continued to collate and present this data at the national prisoner healthcare network and supported patients in rescheduling missed appointments. Where GEOAmey was unable to provide transport, healthcare staff identified those appointments needing to be prioritised and these were discussed with SPS staff to see if they could support with transport to the appointment.

As in other establishments, the number of individuals placed on MORS placed significant pressure on healthcare services. Each placement required additional assessment, documentation and coordination, which affects clinical time and staff capacity. Due to concerns regarding the governance around its development, North

Lanarkshire's HSCP had not yet implemented the national clinical guidance for MORS. However, the healthcare team continued to follow its previous local process, which remained safe and effective. NHS staff completed NEWS2 assessments for deteriorating patients, including those managed under the MORS policy, following illicit substance use.

The SPS had introduced measures to reduce the entry of new psychoactive substances into the prison, resulting in a noticeable decrease in the number of patients managed under the MORS policy. Monthly figures were displayed on the staff communication notice board, promoting transparency and awareness.

Training records confirmed that healthcare staff had accessed life support training. Emergency equipment, which included an automated external defibrillator and oxygen and suction units, was accessible and ready for use, and emergency drugs were in date. There was evidence of emergency equipment being checked regularly. However, some wound dressings were found to be out-of-date.

Good practice 10: The out-of-hours clinical escalation pathway providing consistent, timely, and responsive management of urgent care needs for both NHS and SPS staff. This approach ensured continuity of care and rapid access to senior clinical decision-making across the establishment.
Desired outcome 44: Self-referral forms and other healthcare information including that for complaints are readily available in multiple languages to ensure equitable access for all patients, regardless of language needs.
Desired outcome 45: Patients are promptly informed when their health referral has been received and are provided with clear information on anticipated waiting times for access to services.
Desired outcome 46: The process used to reschedule GP or ANP appointments considers the clinical urgency of the original appointment.
Desired Outcome 47: Patients attend secondary care appointments.
Desired outcome 48: All emergency equipment is within date and ready for use.

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

Rating: Good

Inspectors found a positive and dynamic approach to offering health improvement and prevention initiatives based on the needs of the population. Opportunities were evident at each stage of a person's time in the prison to inform them of the type of services available and how to access them.

Health improvement, prevention and promotion activities were evident across healthcare services from the point of admission. A range of health promotion activities were delivered collaboratively with the SPS, third sector organisations, and peer workers.

A health improvement practitioner post enabled dedicated time to establish links across the healthcare team, deliver training in mental health first aid to SPS staff, and work with third-sector organisations.

All those new to the prison were offered an appointment with Health Improvement as part of their induction pack.

An opt-out blood-borne virus (BBV) screening programme was in place, with dry blood spot testing on admission enabling early detection. Patients could self-refer at any time, and follow-up was provided by a BBV nurse, with clinics held every two weeks. In February 2025, the Hepatitis C Initiative testing (HIT) ran clinics, during which a total of 455 dry blood spot tests were undertaken, and follow-up was arranged for those testing positive.

A dedicated sexual health clinic and self-referral was available, with information and testing provided both at the point of admission and through ongoing signposting opportunities as well as further information available prior to liberation.

All those being liberated, including prisoners not known to the addictions team, were offered Naloxone training prior to liberation. Of the 51 people who attended harm reduction sessions before liberation in 2024, 10 accepted Naloxone. A peer Naloxone training programme had recently been run.

Patients had access to national and local age-appropriate vaccination and screening programmes. Flu vaccinations were recently offered to everyone with access advertised by posters. Out of a population of 539, a total of 127 flu vaccines were given, and all those eligible for a COVID-19 vaccine had received it.

A wide range of health promotion materials was available, and work had been undertaken to make the information prison-specific, with administrative support now identified to support this.

Good practice 11: All those new to the prison being offered an appointment with Health Improvement as part of their induction pack.
Good practice 12: The positive and proactive approach to health improvement and prevention initiatives, tailored to the needs of the population. Opportunities to inform individuals about available services and how to access them were evident throughout their time in custody.

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

Rating: Good

Staff demonstrated an understanding of the health inequalities experienced by patients, as well as the barriers to accessing healthcare both in prison and in the community. Interactions observed between staff and patients were supportive.

Staff had completed adult support and protection training; the majority of staff had also completed training on equality and human rights. In addition, staff could also access training in trauma informed care.

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: Generally acceptable

The mental health nursing team had clear processes for accepting and triaging all referrals requiring mental health input. Emergency and urgent cases were seen the same or next day, and SPS staff valued the strong working relationship between NHS and SPS colleagues.

Routine assessments were completed by RMNs, with most carried out within four weeks. At the time of the inspection, 11 patients were awaiting assessment.

Care plans and risk assessments were person-centred and recorded within the patient clinical record system, Vision. However, staff sometimes experienced difficulty locating these documents, as they were not clearly identified or saved consistently within the system. Additionally, there was no functionality to update existing plans. Any review required the care plan to be completely rewritten, which was time-consuming for staff. A database to track review dates had been introduced but not fully implemented.

Monitoring of patients on high-dose antipsychotics and routine health checks occur regularly.

Psychology waiting times for initial assessment met national standards. However, once assessed and identified as requiring psychological treatment, patients faced significant delays in accessing therapy. At the time of inspection, treatment waiting times were as long as 40 weeks, with 13 patients waiting over 18 weeks. The short wait for initial assessment was due to a shift in approach, prioritising first assessments for patients potentially needing psychology services. This strategy ensured that those on the waiting list were appropriately identified for treatment, improved communication about waiting times, and provided opportunities for signposting and the distribution of self-help materials while patients awaited individual therapy.

Psychology services ran a self-help team that accepted requests and provided a bespoke package of self-help materials and activities, as well as identifying links with health and wellbeing groups and providers. Those accessing the service did not need to be referred to healthcare.

A multi-agency forum was in place for professionals to discuss patients' wellbeing, care planning, and safety, ensuring a consistent and collaborative approach to care. This was observed to be well attended by professionals across the multidisciplinary mental health team, with representation from the addictions team to enhance communication and joint working. Clear actions were identified and recorded to ensure follow-up where required. Any immediate needs were addressed promptly.

Psychiatry appointments were managed across two consultant psychiatrists, with plans underway to recruit a third. Routine waits for review averaging between two to

four weeks. This was despite a current vacancy for a Forensic Psychiatrist, with recruitment underway.

There were clear processes in place for patients requiring assessment and transfer to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003. Referrals were made for medium-secure and secure beds, and assessments for transfer were seen to be completed and actioned in a responsive and timely manner.

A short life working group (SLWG) was reviewing cognitive impairment pathways for over-50s, including pre-assessment, concerns, and post-diagnosis support. As part of this, an easy-read version of the pathway to improve access to diagnosis for cognitive impairment existed.

Dementia assessment was available via psychiatry, with informal links to NHS Lanarkshire's old age team. The mental health team had good awareness of the need to consider and assess patients who may have cognitive impairment, including dementia. The length of stay and changing health needs of the population had influenced efforts to identify and refer concerns, which were being addressed by the SLWG. A research proposal has been approved to examine the prevalence of mild cognitive impairment.

Patients entering the prison with an existing neurodevelopmental diagnosis, such as autism spectrum disorder (ASD) or ADHD, continued their established treatment plans, ensuring continuity of care. Earlier in 2025, a joint programme for patients with ADHD, delivered by the mental health team in partnership with the SPS, received positive feedback, with eight patients participating. However, for individuals identified as requiring assessment for neurodevelopmental disorders during custody, there was no evidence of a coordinated approach within the mental health team. This gap could lead to delays in diagnosis and treatment planning. NHS Lanarkshire was updating its guidance on ADHD and ASD diagnosis, and work was underway to develop community services to support these patients.

Staff provided pre-liberation support by linking patients to community services. A mental health occupational therapist worked with patients up to six months before release, focusing on functional skills such as budgeting and cooking.

It was positive that, across the multidisciplinary team, service development needs were identified, and an improvement plan was in place. Overall, the mental health team was responsive and provided a range of interventions and treatments appropriate to the population within the resources available.

Good practice 13: Psychology self-help team offering tailored materials and wellbeing links, supported by SPS resources.
Good practice 14: Healthcare staff providing pre-liberation support by linking patients to community services. A mental health occupational therapist working with patients for up to six months before release, focusing on developing functional skills such as budgeting and cooking.
Desired outcome 49: All patients have their standardised care plans and risk assessments reviewed regularly and when care needs change.

Desired outcome 50: A clear pathway in line with NHS Lanarkshire's policy is in place for the assessment and diagnosis of potential neurodevelopmental disorders in new patients.

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: Satisfactory

Long-term health conditions were identified either during a patient's transfer to prison or through self-referral to healthcare services. To support better health outcomes, annual reviews were scheduled for all patients in the month of their birthday. These reviews aimed to ensure that health checks are completed and that long-term conditions were identified and managed appropriately. A birthday register was maintained to facilitate this process, and patients whose care records we reviewed had received their scheduled review.

Management of patients with long-term conditions was nurse-led with GP support and delivered in a way that was equitable with community provision.
Care plans were in place for patients identified as high clinical risk. However not all patient care plans reviewed showed clear evidence of patient involvement in planning, development, and agreement of their care.

Frailty assessments were completed as outlined in NHS Lanarkshire's community nurse assessment. Assessments completed included pressure area skin assessment and Malnutrition Universal Screening Tool (MUST). Future planning care plans were seen to be in place for patients who required them. A named nurse system was in place to ensure that assessments and care plans were reviewed.

Strong links established with secondary care and community services supported continuity of care and improved health outcomes. An example of this was the monthly palliative care and ageing well MDT meeting, where patients' care needs were discussed by members of the prison healthcare team, representatives from secondary care and those from community services.

Clear systems and processes were in place for patients requiring social care, with carers from a regulated agency available 24 hours a day. Effective communication between carers and healthcare staff provided regular updates on patient care, helping patients feel supported and ensuring their care needs were addressed promptly.

Patients and staff had access for support from the community rehabilitation team and there were no issues accessing assistive equipment, such as walking aids and hospital beds.

Effective referral systems were seen to be in place to refer patients to podiatry, optician and physiotherapy services.

There were accessible cells that could accommodate hospital beds and assistive equipment; however, the limited number of these cells made it challenging to meet the needs of all patients requiring accessible accommodation. Risk assessments were completed as required, in response to changing patient needs, to determine who required an accessible cell. This process helped reduce risk to patients by ensuring those with the greatest need at that time were prioritised.

Desired outcome 51: All patients with long-term conditions have a care plan in place that demonstrates clear evidence of their involvement in the planning and agreeing of their care.
Desired outcome 52: All patients who require hospital beds or assistive equipment are accommodated safely, and without delay.

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

The addictions team had clear pathways for supporting individuals who used substances. For patients on OST, continuity of medication after transfer was ensured.

The addictions team had provided a prompt and effective response to admissions and referrals, ensuring that patients requesting support or requiring follow-up, including continuation of OST, were seen by an addictions case worker within one to two days of arrival. OST delivery reflected patient choice. This proactive approach, combined with the absence of a waiting list, demonstrated strong accessibility and responsiveness of addictions services. There was evidence of the implementation of MAT standards MAT2, ensuring safe, recovery-focused OST delivery. Patients who had been placed on MORS received a letter offering continued engagement, with plans for follow-up visits, which was a positive development.

All OST patients had a care plan and risk assessment in place; however, review processes were delayed due to high caseloads and staff sickness. Recruitment efforts and the introduction of a new database are expected to strengthen oversight, enabling more timely reviews and improving continuity and safety of patient care. The addictions team attended a weekly multi-disciplinary team meeting to allocate referrals and discuss shared care. There was a lead medical practitioner for addictions and a clinical nurse manager who attended.

A patient feedback questionnaire was being developed with support from the MAT Standards team.

Addiction case workers provided non-pharmacological interventions and facilitated group sessions in the enabling HUB, which was run collaboratively by the SPS, third-sector agencies, volunteers, and health staff. Liberation planning and community liaison were done effectively.

The team was primarily focused on patients receiving OST, reflecting service priorities and limited staffing. While there was scope to expand delivery of

psychosocial interventions for patients not on OST, capacity constraints restricted this. Despite this, the team was effectively using available resources and maintained strong links with community and third sector agencies to support continuity of care on liberation.

Desired outcome 53: Care plans and risk assessments are reviewed within agreed timeframes to ensure timely, consistent, and patient-centred care.

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

Rating: Satisfactory

In October 2024, it was agreed by NHS Lanarkshire that funding should be allocated on a 'spend to save'[1] basis to pilot the development of a clinical pharmacy within HMP Shotts. As part of the agreed funding, clinical pharmacists were available on-site two days per week, working within the multi-disciplinary team to provide expert advice and support in line with local and national guidelines. This approach enhanced patient safety, promoted evidence-based practice, and represented an example of good practice in improving medicines management within the prison setting. This was highlighted as a recommendation in the previous inspection report and has now been addressed.

A multidisciplinary approach to medicines management was evident, supported by clear and robust governance structures and processes that promoted safe and effective prescribing practices. Patients with queries or concerns regarding their medications would discuss these with either the clinical pharmacist or the healthcare team.

As discussed in QI 9.2, patients had their medication reviewed when they were transferred to the prison. Recent polypharmacy reviews, led by the clinical pharmacists, supported safe prescribing and reduced medication-related risks. Systems and processes were in place to ensure safe handling and secure storage of medications, in line with national and professional standards. It was encouraging to see that controlled drug audits were carried out regularly and there was a process for investigation and learning through the governance meeting. This is good practice.

Inspectors observed safes were available in cells for patients to store in-possession medications safely. The safe that inspectors viewed was working and ready for use. A multi-disciplinary team approach was taken to discuss any issues with compliance.

Inspectors saw that medications, including controlled drugs, were transported from the pharmacy area in the health centre, to the dispensaries in the residential halls in locked boxes. A Home Office Licence was in place for the storage of controlled drugs.

[1] Spend to save in NHS Scotland refers to making strategic investments in new technologies, preventative care or restructured services to reduce overall costs in the long run.

Medication was administered twice daily. This was observed to be done safely, competently and efficiently in collaboration with patients and SPS officers. Drug administration charts and controlled drug registers were generally well completed, with no evidence of overwriting.

Inspectors were concerned to see that the final medicine round was taking place in the late afternoon during the week and at weekends. This resulted in some medications being administered outside the optimal therapeutic timeframe. However, inspectors received assurance that patients requiring supervised medication at this time were subject to psychiatric risk assessment, and this approach was considered the safest option for those patients. Additionally daily medication bags could be issued where required to support timely administration.

There were processes in place to ensure patients received their supervised medication, including OST before attending court. On release, individuals were provided with a seven-day supply of medication, and arrangements were made to ensure continuity of supervised medicines through community pharmacy or GP services using the pharmacy discharge form.

Good practice 15: The introduction of the clinical pharmacist enhancing patient safety and giving better health outcomes for patients.
Good practice 16: Controlled drug audits with findings shared to promote learning and good practice.

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

Rating: Satisfactory

The environment was in good condition and visibly clean, including patient equipment, such as the dental chair. Systems were in place to ensure that all sterile instruments were appropriately stored before and after use and were safely transported off site for decontamination.

Inspectors observed that patients could access dental services through submitting a dental self-referral form. Referrals were triaged by the dental team who appointed patients to the appropriate clinic. Patients could access both routine and emergency appointments. A recent increase in dental sessions had reduced waiting times and increased access to the service. On reviewing dental waiting times, inspectors observed that for routine appointments, the wait was 12 weeks, and all emergencies were seen within 24 hours. This meets the Scottish emergency dental care guidance.

The dental team were included in the SPS movement email, which enabled them to check whether patients were undergoing dental treatment at another establishment and to continue care within an appropriate timeframe.

The dental team recorded missed appointments and raised these concerns at the quarterly prison strategy meeting. This meeting provided an opportunity to address issues and agree actions to improve continuity of dental care.

Systems were in place for patients to access out-of-hours emergency dental care, and primary care staff could facilitate the prescription of analgesia or antibiotics, if required out with the dental clinics.

Oral health educators regularly visited the prison to provide general self-care advice and guidance on maintaining good oral health. Additional information was accessible through multiple channels, including posters, leaflets, prison TV, and verbal education during consultations.

Good practice 17: The dental team ensuring appointments are scheduled and completed within the timeframe, reducing delays and preventing deterioration, by acting on transfer information.

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

This is not applicable as no pregnant people reside in HMP Shotts as the prison does not take women.

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: Satisfactory

Strong links had been established between the prison healthcare service and Macmillan Cancer Support, ensuring specialist input for patients with complex needs.

The service maintained a palliative care register, and palliative and end-of-life care needs were assessed using the Lanarkshire Palliative Care Assessment Tool (LPCAT). This provided a consistent, standardised approach to identifying individuals who required specialist support. Key operational documents and guidance, including the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place to support care planning and decision-making. Inspectors saw evidence that all patients with palliative care needs were actively involved in planning and agreeing their care, ensuring a person-centred approach and shared decision-making.

Patients with palliative care needs were discussed at the monthly palliative and frailty multi-disciplinary team meeting. This collaborative approach promoted continuity of care and ensured that patients received safe, person-centred support.

Processes were in place to access any assistive equipment and social care. Access to palliative care for those in prison, including during out-of-hours periods, was equitable with the care delivered in the community.

All registered staff had completed the national confirmation of death training as part of the induction process.

Good practice 18: Patients with palliative care needs being actively involved in planning and agreeing their care.

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: Generally acceptable

There were no patients on TTM during our inspection period. Staff were trained and able to describe the process. Clear communication routes and processes were identified to share information between mental health and primary care teams. The RMNs were available Monday to Friday to assess patients on TTM and attend case conferences. If these were required on the weekend, the primary care staff were trained to provide cover in TTM.

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: Generally acceptable

Complaints and comments were managed in line with NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints. Information posters, as well as forms enabling patients to give feedback, provide comments, and raise concerns and complaints, were available in all residential halls. However, the posters and forms were not seen to be readily available in different languages. See desired outcome 3 in QI 9.2.

A confidential submission process was in place, and all complaints were allocated to appropriate professionals for investigation. Staff were trained in managing complaints through online eLearning on the TURAS platform.

Patients received an initial face-to-face consultation to discuss their complaint, during which an early Resolution Complaint Form was completed. The process for handling complaints including the expected timelines was on the back of the feedback, comments, concerns and complaints form. Information on when and how to seek independent advice from the Scottish Public Services Ombudsman was included. Independent advocacy advice was also available in the enabling hub. This is good practice.

The health centre administration team managed all submitted forms, and a good system was in place to record complaints with receipt dates. Stage 1 complaints are intended to be resolved quickly and locally within five working days, while Stage 2 complaints involve more complex issues requiring a formal investigation, with a target of 20 working days for response. Evidence confirmed that while most Stage 1 complaints were responded to within the expected timeframe, some exceeded this target. Stage 2 complaints were generally addressed, but several cases extended beyond the required 20-day timeframe, with some taking significantly longer to resolve. This indicated that although the process for logging and tracking complaints was effective, timeliness of responses, particularly for Stage 2 complaints required improvement to ensure compliance with statutory standards and maintain confidence in the complaints process.

Themes and learning from complaints and concerns were discussed at meetings within the HSCP governance structure, with feedback to staff being given by the team leaders and at team meetings.

Inspectors were informed that the addictions and psychology healthcare teams had started to collect feedback proactively from patients about the service they had received. The wider use of patient feedback was being taken forward by the SLWG. This was a positive development, helping to inform the wider mental health team of the views of patients using the service. However, the primary care team were not proactively gathering patient feedback.

Good practice 19: Independent advocacy advice through the enabling hub.
Desired outcome 54: Complaints are responded to within the timeframes in the policy available to patients.
Desired outcome 55: Feedback is proactively sought from all patients accessing healthcare.

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

Healthcare staff had a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to those in prison. This included using the confidential electronic SPS reporting system. Healthcare staff described communication between healthcare staff and SPS staff as good.

Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment as required.

All patient records were electronic and stored securely. Where paper care plans were generated, these were scanned and saved and the paper copies destroyed. Healthcare staff had personal secure access to electronic systems.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Satisfactory

The health centre and dispensary/healthcare areas in the residential areas were in good repair and maintained to a standard that allows effective cleaning. Both areas were observed to be tidy and visibly clean. Cleaning of the health centre was carried out by an external company contracted by the SPS. Healthcare staff reported an acceptable standard of cleaning and there was a process to escalate any concerns.

Patient equipment was in a good state of repair, clean and ready for use. An adequate supply of personal protective equipment (PPE) was in place and was stored appropriately. Hand hygiene facilities were available.

Passmen were responsible for cleaning the floors and emptying the bins of the dispensary/healthcare rooms in the residential areas. Healthcare staff were responsible for cleaning the surfaces in both the health centre and dispensary/healthcare rooms.

An appropriate chlorine releasing agent was available for managing blood and body fluid spillages in the health centre. Passmen who were biohazard trained, managed any blood and body fluid spillages in residential areas.

Regular three-monthly environment IPC audits were seen to be carried out by the senior nurse, and no significant issues were identified. Separate hand hygiene and uniform audits were completed monthly, and we were satisfied that the results demonstrated compliance and maintained high standards. Infection control compliance was reported through existing governance structures.

Staff could access IPC information, including the national infection prevention and control manual, on the staff intranet. Staff mandatory training included IPC modules; all staff had completed these modules. At the time of the inspection, healthcare staff observed were compliant with standard infection control precautions.

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

The healthcare leadership team at the prison demonstrated clear, visible, and well-organised leadership, effectively structured to support the delivery of healthcare services. Regular meetings, handovers and daily huddles ensured staff were informed of operational issues, staffing levels, and care planning.

Following successful recruitment, the healthcare team was now close to being fully staffed. However, as the agreed staffing levels were based on historic figures, healthcare staff expressed concerns that the current numbers, skill mix, and shift

patterns no longer fully met the healthcare needs of the prison population. A workforce review, supported by NHS Lanarkshire's workforce team, was planned.

Further recruitment to the mental health and addictions teams, combined with a voluntary move to seven-day working by these teams, should enhance care for patients on the mental health and addictions caseload. Seven-day working is considered good practice as it ensures continuity of care, reduces delays in treatment, and supports effective risk management for patients on TTM and MORS during weekends, when risks can be higher.

The 2022 HMIPS inspection report identified the need to strengthen medical cover. This had been addressed through increased GP sessions and the introduction of an ANP, with recruitment for a further ANP currently in progress.

Staffing rotas were prepared by charge nurses and issued six weeks in advance. To mitigate staffing risks caused by gaps, the leadership team had implemented measures such as offering additional hours and utilising bank nurses. However, securing bank nurse cover for the mental health and addictions team remained challenging, resulting in gaps being covered by existing staff working additional hours. This approach was not sustainable and presented a risk to staff wellbeing and service resilience.

The service will soon implement SafeCare[2] which will actively support compliance with aspects of the Health and Care (Staffing) (Scotland) Act 2019, by supporting evidence-based workforce planning to understand current and future staffing needs and aligning with national expectations for safe and effective care.

Healthcare staff received comprehensive NHS Lanarkshire and prison-specific induction. New staff spoken with said they had felt supported since starting in the prison. Mandatory training was up to date, and staff had access to appraisals, personal development plans and clinical supervision.

Good practice 20: Further planned recruitment to the mental health and addiction teams, combined with a voluntary move to seven-day working by those teams will enhance the care received by patients on the mental health and addictions caseload. It will also support the management of patients on TTM and MORS over the weekend period.
Desired outcome 56: A robust and sustainable staffing model is established, supported by effective workforce planning and contingency arrangements to manage gaps without over-reliance on existing staff.

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

[2] SafeCare: SafeCare's digital Quality Platform offers interactive, real-time quality management and data insights, every step of the improvement journey. In addition to helping a facility monitor and steer quality improvement, the real-time data collected on the platform enables stakeholders to benchmark progress, make more informed decisions, and allocate resources effectively.

Healthcare was managed and governed through the North Lanarkshire HSCPs established governance structures and processes, with clear and visible line management arrangements in place. Staff demonstrated a good understanding of internal reporting lines within the prison. Prisoner healthcare was represented across a range of HSCP meetings.

A vision for healthcare was presented; however, its current level of development was unclear. It was not evident whether it existed as a formal strategy, policy document, roadmap, or remained an aspirational concept. While the Head of Health articulated the vision during discussions, there was no supporting documentation or implementation plan available to demonstrate how this will be delivered in practice. Formalising the vision into a documented strategy with clear objectives and timelines would provide clarity, support accountability, and enable staff to work towards shared goals.

Staff described senior nursing staff as visible, and the majority of staff reported feeling supported by their line managers. Staff spoken with said they would be happy to raise a concern and would do this through their line management structure.

There was evidence of an effective and positive culture of joint working between the HSCP and SPS, both at operational and senior management levels. A regular, structured meeting supported a joined-up approach to identifying and resolving shared challenges. This collaborative culture demonstrated a shared commitment to improving outcomes for individuals in prison.

Regular team meetings provided a forum for sharing updates, raising concerns, and discussing current challenges.

A recognised NHS electronic system was in place for reporting incidents and adverse events. These were reviewed at governance meetings, where themes and learning were identified and discussed. Inspectors were provided with evidence of action plans from Significant Adverse Event Reviews (SAERs) with evidence of improvements having been identified and implemented. Senior healthcare staff spoken with described good participation and joint working with the SPS in the DIPLAR process.

Good practice 21: A regular, structured meeting supporting a co-partnership approach to identifying and resolving shared challenges. This collaborative culture demonstrated a shared commitment to improving outcomes for individuals in prison.
Desired outcome 57: The vision for healthcare delivery is a documented strategy with clear objectives and timelines to provide clarity, support accountability, and enable staff to work towards shared goals.



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

© Crown copyright 2026

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit **https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/** or e-mail: **psi@nationalarchives.gsi.gov.uk**

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

First published by HMIPS, October 2026

ISBN: 978-1-80775-549-2

Produced for HMIPS by APS Group Scotland
PPDAS1788166 (10/26)