

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP YOI CORNTON VALE

7-8 October 2020

Inspecting and Monitoring
<https://www.prisoninspectorscotland.gov.uk/>

DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY

Introduction

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

Background Information

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

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

Process

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

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

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



REPORT ON A LIAISON VISIT TO HMP YOI CORNTON VALE UNDERTAKEN ON WEDNESDAY 8 AND THURSDAY 9 OCTOBER 2020

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC. As part of that risk assessment the CPT report of 2019 was considered. All prisons in Scotland will be visited by HMIPS by June 2021.

The GIC provided a helpful presentation and the prison provided a comprehensive self-evaluation against our liaison visit framework. HMIPS were impressed by the HMP YOI Cornton Vale team's strenuous efforts to keep women safe, occupied, and able to have meaningful interaction with staff despite the COVID-19 restrictions. This was an excellent visit and the GIC and her team should be pleased.

An important part of the discussion with the GIC and her senior team was to seek their views on a report published at the same time as the HMIPS visit by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). The CPT report was of a return visit to HMP YOI Cornton Vale in 2019. <https://rm.coe.int/16809fdebc>

The report included a re-examination of the treatment of women prisoners at HMP YOI Cornton Vale as regards the use of long-term segregation and use of force measures, assessing the state of mental healthcare provision and analysing progress on the structural and conceptual reform of women's imprisonment

The CPT report observed that despite the majority of prisoners reporting good relationships with staff, two allegations of mistreatment from use of force were raised with the CPT. The Inspectorate noted that the allegation of excessive force had been subject to a police enquiry. The enquiry concluded that the use of force was proportionate and Police Scotland advised the complainant there would be no further action. Police Scotland also investigated a second allegation of racial abuse, by the same complainant, and also confirmed no further action was taken.

HMIPS noted the significant drop in the number of incidents where force was used in the last two years and commends the management team and staff for their achievement.

On mental health and the use of segregation, HMIPS noted the significant work underway to addressing the CPT recommendations made in respect of a different approach to segregation, including training for staff in gender specific trauma informed approaches and in particular for dealing with multifaceted complex needs. NHS mental health clinical teams are now working in partnership with SPS operational teams to support women with complex and multifaceted needs. However, there remains the issue that access to medium secure and secure beds for women requiring in-patient treatment experience significant delays and for some the acuity of their illness requires transfer to England. Although the length of time taken to transfer women to secure hospitals in Scotland has come down; the delays in transfer remains an issue for HMIPS. We were pleased to see that a system for recording the delays and informing the Mental Welfare Commission for Scotland had commenced.

Development of gender-specific and consistent trauma informed environment was adopted by the SPS before the CPT report came out and some progress has been made to date in which HMIPS welcomed the cessation of routine strip searching to reduce the incidence of retraumatisation and the introduction of recruitment and training policies specifically for working with women.

There was a notably calm and orderly atmosphere during our visit with commendable efforts to engage women in activities, particularly considering the prison is having to operate with a restricted range of employment areas until the new national women's facility comes on stream.

We were particularly impressed with the lively atmosphere in the Education department and the evident compassionate approach shown to the women with clear mental health issues.

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

In terms of the PANEL principles:

Participation. Following advice from Health Protection Scotland (HPS) HMP YOI Cornton Vale, like all other prisons in Scotland, had been forced into running a limited regime. However, as lockdown eases, reflecting the guidelines set out by Scottish Government (SG), HMP YOI Cornton Vale had looked to open up the regime available to the women in their care. The introduction of virtual visits and mobile phones, had been particularly welcomed. Although in the early stages of lockdown prisoner focus groups had been suspended, they had recommenced. Where forums had not taken place the prisoners were invited to have their say through a questionnaire and two surveys, all of which had been responded to by the prison management team. There is some evidence of translation of new processes into different languages for example how virtual visits could be accessed, but there was also some gaps such as how prisoners would be managed under COVID-19 Rule 41. During the visit, the inspection team saw good examples of engagement of prisoners both in the learning centre and within the living areas. Prisoners remarked how well they have been supported and given a voice. Prisoners gave welcome examples of 'Hidden Heroes' where prisoners had acknowledged through their art work the good work staff had carried out.

Accountability. HMP YOI Cornton Vale is a small but complex prison with a population of around 70. However, there are significant challenges for those working there in safeguarding those within their care. There is a high concentration of prisoners that experience different degrees of crisis, from being managed on Rule 41 and Talk to Me (TTM) to those experiencing the continual revolving door of recidivism. During the pandemic HMP YOI Cornton Vale were quick to respond to the challenges. HMIPS saw excellent work in infection control. To ensure compliance to SG and HPS guidelines, a local COVID-19 Response Group was established which had initially met on a daily basis but is now meeting weekly. To complement this, the duty manager undertakes a visit to all areas and reports back on an assurance report called a 'compliance and

care checklist'. The duty manager stays on duty until satisfied that arrangements are in place to receive any remaining or late admissions. It was pleasing to note that basic human rights such as fresh air were offered daily to the whole population and that those suspected or having COVID-19 also had access to the phone and a shower daily. HMIPS welcome the fact that comprehensive pre-release planning was carried out with both tried and untried prisoners and that integrated case management (ICM) case conferences had started back up again in July. During lockdown parole had still taken place, as well as releasing women on Home Detention Curfew (HDC). Nine women had also been released under the Coronavirus (Scotland) Act 2020 (Release of Prisoners) Regulations 2020.

Non-discrimination and equality. Although the liaison visit (LV) has been extended to two days this did not allow for a full scrutiny with regards to non-discrimination and equality. However, it was pleasing to see that the Equality and Diversity Committee was meeting every three months. Due to the low population only four foreign nationals were currently in the prison. The inspectors spoke to two of them who reported that they had been treated fairly and supported where they struggled to understand English. One prisoner was deemed as disabled and had a live Personal Emergency Evacuation Plan. It was found that those on restrictions such as TTM, Rule 95, and COVID-19 Rule 41 had also been treated equally while on these restrictions.

Empowerment. Although restrictions have infringed on the participation of those in their care, HMP YOI Cornton Vale have looked to encourage prisoners to engage in their risk management and identify any support required. With the links centre staff interviewing all admissions it gives women an opportunity to discuss any other issues they may have. Although the inspector only interviewed one person on TTM it was clear that she had been listened to with regards to how she was managed. Giving prisoners the opportunity to influence the way they are managed, and allowing more ownership of their own crisis situation, is welcomed. Information is paramount in allowing choices to be made and there was good evidence that the communication with the women in HMP YOI Cornton Vale was good. Where food forums were not able to take place due to social distancing (SD) menus were sent out to selected women for feedback for any changes. As stated in Participation, the 'Corona Virus questionnaire' allowed prisoners to see the changes made by the prison from their feedback.

Legality. With the lockdown continuing, there can be a tension between keeping people safe and still ensuring their basic rights of family contact, access to facilities such as a shower, a phone call, and one hour of fresh air per day. It was clear that these rights were readily available to those in HMP YOI Cornton Vale where access to their basic needs was being facilitated. The introduction of in-cell telephony and virtual visits has significantly helped prisoners keep in contact with their family and friends, however the uptake of face-to-face visits was poor, which was already a pattern before COVID-19 arrived. There was ready access to legal representatives both by the use of a closed booth for face-to-face meetings and also a dedicated phone line. However, usage was low as most admissions are transferred out of the prison within 48 hours.

HMIPS would like to see a system introduced that will allow in-cell phones to be capable of having their accounts topped-up by prisoners, an increase in the number of Freephone helplines, and confirmation that when final lockdown is over that in-cell telephony will remain.

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

COVID-19 commentary

1. COVID-19 updates: HMIPS seeks to understand any issues, challenges or good practice from the impact of COVID-19 that includes testing and tracing, numbers of prisoners tested positive for COVID-19 and the regime for those shielding, isolating or being isolated.

Visit findings

HMP YOI Cornton Vale had established a local COVID-19 Response Group, which had met daily at the start of the pandemic, but was only having to meet once per week at present. The Group had overseen development and implementation of a local Pandemic Plan in line with the SPS COVID-19 Pandemic Plan, which had been accompanied by risk assessment exercises being carried out for different residential areas and processes within the establishment, along with prominent displaying of signs and posters to encourage compliance with the latest HPS guidance. A total of 31 COVID-19 related Standard Operating Procedures had now been published.

An isolation cell had been established within the Separation and Reintegration Unit (SRU) to accommodate anyone needing to self-isolate as these cells had showers and allowed quick safe access straight from the prisoner transport to minimise transmission risks.

The prison had worked hard to communicate messages on COVID-19 related precautions to the women held there and it was clear to inspectors that hygiene and infection control were taken extremely seriously by the prison.

During the period 20 March to 30 September, 27 prisoners had been isolated under Rule 41 and 16 prisoners had been tested and all had been negative. The prison appreciated the support they had received from NHS Forth Valley, and the fact that test results usually came back within 48 hours, sometimes within 24 hours, which meant women could quickly be returned to their residential area. At the time of our visit one person was self-isolating. Twelve women who were assessed as being at higher risk had been located within their own pod or bubble within Peebles House and dined separately.

HMP YOI Cornton Vale had moved to a core day from 6 April, which had allowed the prison to manage the spike in staff absences at the height of the lockdown, but this move had also inevitably significantly reduced the amount of recreation and other time out of cell. At the time of our visit, the prison was still in the process of building back up the recreation opportunities within Ross House, although this was not an issue in Peebles House, where the women have greater freedom to move around and interact with others if they wish to do so.

HMP YOI Cornton Vale had performed well at restricting spread of the virus and deserves credit for their success in managing risks and ensuring the safety of the women in their care.

The prison had undertaken two surveys during the COVID-19 period to gain feedback on how the women felt they were being cared for by Healthcare and SPS staff. Over 75% said they felt supported and cared for during the Coronavirus crisis, and almost 50% of prisoners felt things were going well for them often or always. We commend HMP YOI Cornton Vale for carrying out such surveys, and on the positive feedback received.

The prison management team were acutely aware, however, of the need for constant vigilance in managing the risks and had skilfully used prisoner feedback from the questionnaire to reinforce such messages: “Everyone has done their best, worked really hard and so long as we keep it up we will be safe”.

Good Practice 1: we commend HMP YOI Cornton Vale for carrying out prisoner wellbeing and support surveys and for the way they used feedback from the survey to encourage continued vigilance by everyone.

COVID-19 commentary

2. Staff absence: we will seek to understand the SPS/NHS staff absence numbers and their impact (some of this information is supplied by SPS HQ on a daily basis).

Visit findings

The prison had to cope with over 25 members of staff self-isolating during April to June with the number peaking at 29 on 2 May. Between 21 June and 24 August the number of staff isolating reduced as staff returned to work. Of these self-isolations 20 were due to household members displaying symptoms. At the time of our visit only one member of staff was still shielding and eleven members of staff were absent for reasons unrelated to COVID-19. Only one member of staff had tested positive for COVID-19 up to 30 September.

The number of staff absences had forced the prison to increase use of ex gratia payments to staff to ensure all areas of the jail were covered and in particular to cover sick absences on the night shift and the catering function. Similarly, management had adopted a more flexible approach to authorisation of special leave where that helped facilitate staff being able to offer some cover, and the GIC indicated the prison enjoyed a positive working relationship with trade union representatives.

At the time of our visit staffing levels for the current core day were not a concern, but the senior management team were aware that a return to the traditional shift pattern would pose challenges, although overall staff absence levels had sometimes been higher in pre-COVID-19 days.

HMIPS Standard 1 - Lawful and Transparent Use of Custody

The prison complies with administrative and procedural requirements of the law and takes appropriate action in response to the findings and recommendations of official bodies that exercise supervisory jurisdiction over it.

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. The prison co-operates fully with agencies which have powers to investigate matters in prison.

COVID-19 commentary

3. Social distancing: we will check how social distancing is being managed in areas such as dining halls, recreation, reception, time in the fresh air, and especially admissions and cell sharing. This will also include looking at preventative measures being enacted, such as screening on admission and liberation. We are particularly interested in the measures to mitigate the detrimental effects of social isolation or quarantine.

Visit findings

On entering HMP YOI Cornton Vale it was observed that space at the front entrance was at a premium. Admission of staff and visitors was well controlled with hand sanitiser and masks available for all on entry and information on SD was visible. Throughout the prison posters informing of SG guidelines were evidenced and one way systems were introduced to reduce close contact. Pinch points such as the key vend room had strict instructions on display to control numbers allowed in at any one time. These type of instructions were also observed on a number of other room doors such as meeting places and offices. Throughout the visit inspectors were content that there was a good understanding and adherence to the SD guidelines, in line with the SPS Physical Distancing Guidance.

All staff and visitors were seen to wear masks as were some prisoners depending on the situation. On admission, liberation or movement to courts, the holding areas in reception were small but marked off for SD. Court movements were observed by inspectors who confirmed that this was done in a controlled and safe manner. HMP YOI Cornton Vale was all single cell accommodation during the visit which assisted greatly with keeping all prisoners as safe as possible.

The inspectors were impressed with the level of cleanliness within the prison. The Industrial Cleaning Party (ICP) had done an exceptional job and are to be commended. The ICP, along with cleaning operatives in the different areas, had continuously cleaned the prison with particular attention shown to more commonly used hot spot areas. The officer in charge delivered a number of awareness and training events including infection control and Biohazard to both staff and prisoners and these sessions were pivotal to the understanding of how to deal effectively with COVID-19. Prisoners working in the ICP confirmed that the training they had received was excellent, allowing them to carry out their cleaning tasks to a high

standard. Prisoners also stated that the training gave them a good understanding of levels of hygiene required when they returned to the community.

The ICP officer was also responsible for ordering, dispersing, and renewing all personal protective equipment (PPE). He also had comprehensive records on training and assurance and was extremely well versed in all things regarding Health and Safety. Cleaning and infection control was recognised as good practice.

Good Practice 2: HMIPS welcomes the high standard of the cleanliness and infection control achieved by those in HMP YOI Cornton Vale and the approach taken in the training of both staff and prisoners and support given by the officer in charge of the ICP.

HMIPS Standard 2 - Decency

The prison supplies the basic requirements of decent life to the prisoners.

The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner's sense of personal and cultural identity and self-respect.

COVID-19 commentary

4. Meals: we will check if meals are of good quality, whether there is an appropriate choice in particular on religious grounds, and that food hygiene standards and dietary needs of prisoners are adhered to.

5. Regimes: we will look to obtain detail of the continuation of daily regimes, including access to showers where there are no in-cell shower facilities, access to time in the fresh air and access to family contact.

Visit findings

During the visit, meals were checked and found to be of a very good quality, with a good variety of choice and served at the required temperature. A catering officer checked the temperature and records were held. It was all fresh produce for lunch and dinner, with homemade soup available every lunch time and a variety of fruit available with every meal. At weekends a two course brunch was offered along with the standard evening meal. The full menu changed twice per year, and within that it was rotated every three weeks. The Catering Manager met with every prisoner who had dietary requirements to agree a menu that was suitable for them. This was confirmed by a prisoner who was happy with what had been put in place for her.

All women spoken with during the visit were extremely positive about the food on offer, and confirmed they were consulted with about menu choices. Food focus groups usually took place every two to three months, but due to the pandemic it had been difficult to bring together groups of prisoners. Therefore women were picked at random and given draft menus to comment on.

The women collected their meals from the serving areas one at a time and there was a one way system in place to help adhere to SD. The social dining areas were closed during the visit, with women returning to their cells to eat their meals. Staff members were observed delivering meals to those who were unable to collect them.

The women serving meals were observed to be wearing appropriate PPE. All kitchen staff completed food hygiene and infection control training before commencing, and also completed a semi-industrial catering course. It takes around 10 weeks to complete this training and due to the low number of convicted prisoners

in HMP YOI Cornton Vale, it could at times be difficult to get a sufficient number to work in the kitchen. Due to the pandemic, the prison regime had been shortened to a more restricted day with only essential workers attending work parties.

HMP YOI Cornton Vale contained two residential areas, Ross House and Peebles House, as well as a SRU. With the exception of the SRU, there were no in-cell showering facilities in either of the residential areas.

Peebles House hold those who are at the National Top End, in open conditions and those allocated HMP YOI Cornton Vale who also provide the services to the prison, that is laundry and catering. Peebles House also contains a Mother and Baby Unit which had been used recently. Due to the design of Peebles House, women had more time out of cell than Ross House because prisoners were unlocked during the core day and had their own cell keys. Showers were accessible throughout the day in these sections. For those not working, recreation facilities were accessible until lock up at the end of the core day.

Ross House was a complex environment where inspectors observed the difficulty officers had trying to operate four different regimes within an open plan area in what could be described as an area with invisible walls. The area consisted of a first night area, a care suite, those on Rule 41 (non COVID-19) and what can be described as a settled area. Although staff showed flexibility in looking to address the needs of the different regimes, time was limited. Showers were accessible as part of their time out of cell which also included access to the communal phones, access to fresh air and cell cleaning. Both areas had the regime displayed so that prisoners were aware of the daily timetable.

Prisoners spoken with said they had been communicated with well during the pandemic, and commented that the GIC was very visible and staff were doing all they could to give them as full a regime as possible during difficult circumstances.

HMIPS Standard 3 - Personal Safety

The prison takes all reasonable steps to ensure the safety of all prisoners.

All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.

COVID-19 commentary

6. Talk to Me live cases: we will check that there is an appropriate and ongoing process in place for people subject to Talk to Me procedures and prisoners and staff are using referral systems.

7. Rule 41 paperwork: we will check that the revised process for people being detained under Rule 41 due to COVID-19 are being adhered to. We will enquire into processes in place to ensure in-cell activity is available, and a television is available to those who are isolated. We will also be interested in the numbers of people on Rule 41 and the length of time held under this Rule.

Visit findings

HMP YOI Cornton Vale has six safer cells available to them. There had been no significant change in the number of prisoners on TTM since COVID-19, with numbers similar to corresponding months in 2019, although on a per capita basis that is still higher than other prisons and represents an increase from last year, when the prison held more prisoners. This indicates a higher proportion of prisoners are presenting as being in crisis compared to last year and other prisons.

However, at the time of the visit only one person was on TTM, which is unusual. On speaking to the individual, who had been attending an art therapy class at the time, she was very complimentary on the way in which she had been managed and was encouraged by the process. She felt that she had been listened to by the case conference with regards to her risk. The prisoner also described that she was being taken out by a Physical Training Instructor (PTI) for short walks as part of her care plan; she felt being able to communicate with staff other than those who directly managed her had significantly helped her health and wellbeing. HMIPS thought this was a great example of good practice.

For assurance purposes the duty manager at the weekend carries out a TTM audit. Samples of these were looked at with no actions to be taken. This was evident when an inspector reviewed case files which were found to be of a good quality. Inspectors spoke to nurses from the mental health team. There appeared to be a strong team ethic between prison staff and NHS and the skills sets of both groups complimented the TTM process. Nurses acknowledged how good staff were in spotting the clues and cues of those in crisis, even where the core day had limited personal contact between staff and prisoners. Prison staff were very appreciative of the access they had to the mental health team at any time which was a great support to those in their care as well as the staff.

The inspector also looked at violence within the prison since lockdown. During the reporting year from April to October three minor prisoner on prisoner assaults had been recorded - a reduction from the four assaults the previous year. Two had been carried out by the same prisoner. In the period April to October there had been no fights recorded which was a reduction from nine the previous year. There was no one on the Think Twice Strategy during the visit. Minor/no injury. Staff assaults had reduced compared with the same period last year, from nine to seven and five of those were carried out by the same prisoner. It was pleasing to note that use of physical force had reduced to 21 from 33 from the previous year and from 81 in 2018 for the period April to October.

During the pandemic 27 prisoners had been isolated and subject to Rule 41; 16 of these had been tested - all with a negative result. Three women chose to shield out of 12 who had been identified in the high risk category for COVID-19. During the pandemic there was one mother in the Mother and Baby Unit supported by another prisoner who volunteered to become part of her household bubble.

The area identified for those suspected of COVID-19 was in the SRU. This was the most appropriate area as it contains the only place in HMP YOI Cornton Vale with an in-cell shower. Also the distance from the transport to the COVID-19 area was very close so ideal in minimising any contact with other prisoners or staff. Staff had an area set aside to change into and out of full PPE and a bin for the safe disposal of any PPE used. Similar to other prisoners, any suspected admissions bypassed the reception and went straight to the COVID-19 area having first been confirmed as a legal admission. All prisoner clothes are kept for 72 hours in a sealed bag or sooner if test results return and depending on the result will be given back to the prisoner or washed in the laundry.

During the LV, only one prisoner was in the COVID-19 area due to suspecting she had COVID-19. She had been admitted from court and was awaiting her test result. Inspectors spoke with the person, who reported that she had been treated well but was anxious to get the results of her test. An assurance sheet was available to check she had been offered access to fresh air and the communal phone, which was confirmed by the prisoner.

Information was available for those under COVID-19 restrictions but only in English. When questioned staff stated they would use the translation line if an admission came in that could not understand English. It is, however, important that information is translated into the most common languages so that all prisoners are treated equally.

Good Practice 3: the PTI will take those on TTM that can, out for short walks as part of the TTM care plan.

Action Point 1: SPS and HMP YOI Cornton Vale should ensure that any important information should be translated into languages that reflect the prison population.

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

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

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

COVID-19 commentary

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

Visit findings

The SRU known as Dumyat was visited by inspectors and found to be clean, tidy and graffiti clear. The unit comprised of six cells, one of which was a safer cell. Dumyat is the SRU for all of the women's estate apart from HMP YOI Grampian and therefore manages prisoners from other establishments while they are under Rule conditions. All those in the SRU are offered fresh air, access to a communal phone, and visits with a 'Removal from association daily record sheet' kept. All prisoners are now offered in-cell telephony so access to the communal phone is not such a requirement. There is no gymnasium within the Dumyat for physical exercise.

At the time of the visit there was only one person being managed under Rule 95. The person was currently on Rule 95(11) having arrived from HMP YOI Polmont. Although the paperwork on PR2 was lawful, there was no evidence of a management plan to reintegrate her back to the prison of allocation, either as a hard copy in the SRU or on PR2. Daily narratives on PR2 were evident and concise. Due to a lack of an area to speak confidentially to the prisoner, inspectors did not meet with her. However, it was observed that she had use of in-cell telephony and that she had been offered her basic rights.

HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters which affect them and are treated humanely and with understanding. If they have problems or feel threatened they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies which exercise statutory powers of complaints, investigation or supervision.

COVID-19 commentary

9. Access to families contact: we will look at what access prisoners have to telephones or other measures (for example, email a prisoner, video link, mobile phones, etc.) in order to keep in contact with friends and family. Monitoring the implementation and impact of agreed actions such as increased availability of virtual visits or the provision of access to mobile telephones, tablets, and incoming and outgoing mail is a default position for HMIPS.

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

11. Access to legal representative: we will check that agents and other statutory visits are being facilitated even when prisoners are isolated under medical grounds for COVID-19.

12. Access to information: we will look at the access to books, DVDs, CDs, including reference material. In particular, we will look at the complaints system and the quantity and quality of prisoner information on COVID-19 and the prison's response.

Visit findings

Face-to-face visits with family and friends were taking place at the time of the visit. There was space in the Visits Room for three prisoners, and there was one visit session between 14:00 and 14:45 Monday to Friday, and two sessions between 14:15 and 15:00 and 15:30 to 16:15 at weekends. The Visits Room was being painted at the time of the visit. Inspectors could see that the route to the Visits Room, for both prisoners and visitors, and the room itself had been set up to meet all of the SG COVID-19 guidelines. The seating areas were adequately spaced out, a one way system was in operation, additional cleaning had been introduced, the SG guidance was displayed and inspectors were advised that all prisoners and visitors were wearing masks whilst in the Visits Room. The vending machines had been put out of use to reduce movement. Visitors were being briefed on the revised

processes on arrival at the front of house. There was a Family Contact Officer at the establishment, and family visits were taking place.

There were seven virtual visit sessions taking place between 09:30 and 16:00 Monday to Friday, and four sessions at weekends. There were three booths available and each session lasted 30 minutes. Prisoners could request one session per weekday and one per month at weekends. Although the Mother and Baby Unit was not being used, there was a dedicated booth in the Unit. Again, additional cleaning was taking place between sessions. Staff reported that it tended to be the same core group of prisoners that attended. Inspectors were told that a Virtual Visits Programme was starting and six prisoners had signed up to receive virtual visits from volunteer visitors.

The uptake of visits overall was low, but this was the case pre-pandemic, and prisoners spoken to were content with access to visits.

Staff in the visits area reported good communication from management during the pandemic with regards to changes in processes.

There was an excellent Visitors Centre located within the prison grounds. However, since the pandemic, visitors were being asked to book in at the front of house rather than the Visitor Centre.

Prisoners had been provided with in-cell telephony and those spoken to were pleased to be able to contact family and friends more readily. Access to hall phones was provided for in the regime. The email a prisoner scheme was available and there were posters in the halls advertising it. Prisoners spoken to were aware of it and how to access it.

There were no issues reported with incoming or outgoing mail.

There was no need for any set recreation time for women in Peebles House as they were unlocked during the core day and had their own cell keys. Inspectors were able to observe good opportunities for interaction between prisoners in Peebles House. However, since the pandemic and the move to a core day, inspectors were informed and observed that facilitating recreation time was more problematic within Ross House. Staff informed inspectors that they did not stick to the regime timetable, but would try to unlock women's doors where possible, noting the challenges in trying to run four separate regimes in an open plan area.

When unlocked in Ross House, the women had access to a pool table, and the PTIs took some women on TTM out for walks which they really enjoyed. Art therapy classes were also taking place in the dining room, which appeared to be popular. Prisoners and staff spoken to reported that lots of in-cell activities had been offered. The GIC had issued wellbeing packs to the women which were very much appreciated. Colouring books and pens, word searches and crossword puzzles were also available. The Education Centre had also issued monthly activity packs, including craft packs which were well received.

A check of records by inspectors indicated good access for legal representatives and statutory partners and no concerns were raised by women prisoners with inspectors regarding such access. There was one booth available for legal interviews and a dedicated phone line. Due to the numbers at HMP YOI Cornton Vale the area was not overly burdened by usage. It was observed that a hand sanitiser was available and the booths were cleaned after use.

All parts of the prison could still access books. A mini library operated in Peebles House and the women held in Ross House could still request books from the main library in the Links Centre, with all returned books being quarantined for 72 hours and covers cleaned before being lent out to anyone else. The women reported very good access to DVDs, and the prison had invested in new stock.

There was clear evidence that the process for virtual visits had been translated into foreign languages and the minutes of the most recent Equality and Diversity Committee indicated that translation service had been used 12 times since the last meeting.

Although the prison strived hard to provide effective support for anyone in need, staff acknowledged that having to provide some support over the phone rather than face-to-face was occasionally problematic; for example a bereavement counselling service run by an external partner currently had to be conducted over the phone. When the Mother and Baby Unit is empty, it is planned that the virtual visit facility could be made available when more sensitive conversations need to be conducted between families and prisoners or where a virtual funeral was taking place.

Inspectors could see that there was easy access to the appropriate forms should anyone wish to make a complaint. The complaints system had received substantial assurance at the latest SPS internal audit. Inspectors welcomed the fact that when feeding back to prisoners the results of the wellbeing and support survey, and the action taken by the prison in response to the issues raised, and noting the low level of complaints received during lockdown, the GIC reminded women of their right to complain. We welcome the way the GIC encouraged her staff to see complaints as an opportunity to learn lessons and improve things if something has gone wrong. When encouraging prisoner complaints to be directed more appropriately in future the GIC still sought to answer their questions as fully as possible and showed personal empathy for the wellbeing of the women in her care. In commending this approach as good practice we recognise it may be harder to replicate in a larger prison where the volume of complaints is likely to be substantially higher.

Good Practice 4: we welcome the positive approach taken to the operation of the complaints system in HMP YOI Cornton Vale.

HMIPS Standard 6 - Purposeful Activity

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

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

COVID-19 commentary

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

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

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

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

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

Visit findings

All women were offered exercise once per day for one hour. There were occasions in Peebles House that, depending on their work commitments, women could access it twice per day. Inspectors observed reasonable numbers out for exercise throughout the visit, noting that numbers were restricted due to physical distancing requirements.

There was an overwhelming feeling from the inspection team that HMP YOI Cornton Vale had a good communications strategy. Staff and prisoners indicated that they had been kept well informed throughout the lockdown of the changes being made to deal with the pandemic. A Coronavirus questionnaire had taken place with prisoners which had identified some issues and questions. A feedback sheet was circulated to

all prisoners from the GIC who answered their concerns and explained where the prison had responded to the questionnaire. Two surveys had been undertaken to establish the wellbeing and support for prisoners. The results were very positive with 75% of prisoners feeling well supported. Prisoners were able to identify through these surveys the things that made them feel better. These included family contact through virtual visits and also in-cell telephony. Importantly, access to fresh air and having a job were also identified as important, although social distancing was proving difficult to run focus groups a number had been facilitated with regards to changes to process such as the introduction of virtual visits and removal of the extra £2.50 onto their phones and the stopping of the £10 wage bonus which had been given to those working through the lockdown. In line with changes to SG guidelines information was circulated reflecting this with an example being the reopening of the hairdressers.

The Education Centre was up and running at the time of the visit and offered a full timetable, albeit with reduced attendance numbers to observe physical distancing and safe working practices. Staff held focus groups with prisoners and an open day the week before face-to-face teaching recommenced and the feedback was used to design the timetable. The Centre used the Vale Magazine, which continued to be produced during lockdown, to promote the work they were doing, as well as posters on noticeboards in the halls.

The space available for learners in the Link Centre was limited, with six desks in the open plan space and three spaces available in the IT room, which previously housed six. Another small room which previously housed four, could now only take two. The training kitchen was back up and running in Ross House that could take three, previously six. They are making use of the dining area in Ross House to deliver art therapy classes both in small groups and one-to-one sessions, with between four and seven learners attending, and on level 2 small groups of up to five women attended a numeracy class. The Education Centre's biggest challenge was accommodating the number of prisoners who wished to attend education, with a reduced capacity. However, the prisoner learning hours and the total hours spent developing literacy and numeracy skills for September 2020 were very close to what they were pre-COVID-19. Education was offered to all women in HMP YO1 Cornton Vale and over 70% of the population were attending at the time of the visit, which is high noting that many of the sentenced women were required for work parties.

From August 2019 to March 2020, 147 SQA qualifications had been achieved. Three women were completing Open University courses and nine were doing various distance learning courses in their cell.

The Centre had been issuing monthly learning and activity packs, including creative art packs, which were well received by the woman. Children's activity packs were also produced for use during visits. They held a successful Country Fair event on 31 August, in an outside space, focussed on creativity, arts, health and wellbeing and over 50% of the prison population attended.

Educational DVDs and CDs were being issued through the Library on various themes.

The Learning Centre Manager reported good relations with the SPS and said that they are kept well informed of changes in processes. Prisoners similarly spoke highly of the education being provided.

Inspectors visited the multi-faith area within HMP YOI Cornton Vale, which shares the area with the hairdresser's. Although this would clearly not be acceptable as a permanent arrangement, it is recognised that temporary arrangements are in place while the new national facility for women is being constructed and space is currently at a premium. Religious services and hairdressing are planned not to coincide, with most religious services taking place on a weekend. There are two services carried out by a Roman Catholic lay person on a Saturday with a priest visiting once per month. There are two reform services carried out by the local Minister on a Sunday. The Imam visits the prison on request. Numbers for the Catholic service were not available, but the Chaplain explained that since COVID-19 attendance at her services on a Sunday had reduced from 15 to four. Throughout the pandemic the Chaplaincy had offered a full-time service, being available most days to support the prison. She had produced a weekly Chaplaincy chat newsletter which included religious instruction, psalms, word games and quiz's which was excellent. The Chaplain also supported the women by offering guitar sessions as a change to their normal regime.

Previous full inspections of HMP YOI Cornton Vale recognised that the gymnasium had a lower uptake than other prisons with regards to attendance and this has been the case since the reintroduction of gym activity. PTIs informed the inspector of the different tasks they had undertaken to support the prison during the early part of lockdown and are still doing so where posts are needing covered. They had designed in-cell keep-fit sheets and introduced social distancing workouts in one of the redundant hall exercise yards. Also, as part of the support to the prison they undertake walks with those that required support through TTM. Now that the gymnasium is open in line with national SG guidelines, the team offer two sessions for each hall twice daily during the week, once in the morning and once in the afternoon. Due to staffing shortages there is still no access to the gymnasium at the weekend. The PTIs were also running small gym classes for those in work parties. These classes are designed to not only get participants fitter, but also to help them feel more positive about themselves and therefore gain more confidence. These classes also involve gym buddies who join in the class to allow the participants to get used to a more realistic gym class environment whilst getting additional support. It is the hope of the PTIs that these types of classes will encourage more women with confidence issues to attend larger gym classes and so build up a larger clientele.

HMIPS Standard 7 - Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

The prison is active in supporting prisoners for returning to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.

COVID-19 commentary

18. Prisoners on release: we will look at the plans developed with those leaving custody regarding access to services, that is housing, healthcare, welfare services, and opportunities to utilise their time constructively.

Visit findings

In total, 80 women had been liberated during the COVID-19 period including six women who had been released on parole and six women had been released on HDC. Eleven women were considered for release under the Coronavirus (Scotland) Act 2020 (Release of Prisoners) Regulations 2020, with nine released.

ICM case conferences had started back up again in July with external partners like Department for Work and Pensions and community-based social workers contributing to discussions remotely. One of the challenges facing the prison was the limited number of places within the prison which could accommodate large numbers of people due to physical distance limits having to be imposed, which was adding to the difficulties in getting everyone round the table for face-to-face discussions. However, the staff at HMP YOI Cornton Vale did not feel that the need to hold discussions via conference calls was a major barrier for either ICM or Multi-Agency Public Protection Arrangement (MAPPA) cases.

HMIPS welcome the fact that comprehensive pre-release planning was carried out with both tried and untried prisoners, with information provided to assist with resolving housing issues, accessing benefits and preparations for setting up bank accounts after release, albeit benefit claims could not be made until after release.

HMP YOI Cornton Vale has two women participating in Community work placements. There are 10 such placements available and risk assessed in light of safe measures required.

Good Practice 5: we commend HMP YOI Cornton Vale for ensuring pre-release planning is carried out for both convicted and untried prisoners.

HMIPS Standard 8 - Organisational Effectiveness

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

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

COVID-19 commentary

19. Staffing and regime: we will look to establish if staff understand their roles and what is expected of them. Are staff updated on any changes and are knowledgeable of the present position of the establishment.

Visit findings

Throughout the visit, inspectors spoke to staff with regards to their roles, knowledge, and communications received. Staff informed inspectors that they had a good understanding of why the prison went to a core day and what the GIC expected of them. The staff had a good knowledge of the guidelines and the importance of adherence to them with regards to keeping all those living and working in the prison safe. Staff stated that the senior management team were highly visible and were on hand to support them, offering them advice and guidance. The duty manager visits all areas daily, focusing on staff and prisoner wellbeing and also to ensure PPE and social distancing is adhered to. Prior to leaving the establishment at 19:00 the duty manager will ensure that all admissions can be accommodated safely. A duty manager compliance and care check list is completed to record the daily activity of the establishment.

Communications from the GIC, her senior management team and First Line Managers were appreciated by staff and there appeared to be a good relationship running right through the prison. One member of staff stated "we are all in this together" which reflected what the inspection team found. This was also the view of a lot of the prisoners the team spoke too, who also considered that everyone, prisoners and staff alike, were responsible for making the prison function safely. Inspectors also spoke to some of the prison partners, such as education and NHS, and the overwhelming feeling was that they were one team with the same objectives and goals.

HMIPS Standard 9 – Health and Wellbeing

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines, and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

COVID-19 commentary

20. Healthcare issues: we will check that there is a daily assessment on wellbeing in a way that maintains the health and safety of all parties, and that there are measures in place to ensure healthcare continues to be managed under the principle of equivalence including health checks on admission, liberation, and transfer and escalation procedures. Checking processes are in place to support people with pre-existing health conditions.

Visit findings

This section sets out the findings from the Healthcare Improvement Scotland (HIS) LV to HMP YOI Cornton Vale on 7 and 8 October 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID-19 pandemic. In particular, access to care, governance, leadership and staffing, and infection prevention and control. The HIS findings below align with Standard 9 of the ‘Standards for Inspecting and Monitoring Prisons in Scotland’.

For this particular visit, HMIPS asked HIS to also look at the mental health service provision to follow-up the findings from the 2018 and 2019 visits to the UK carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

How we carried out the liaison visit

In advance of the LV, HIS asked NHS Forth Valley staff at HMP YOI Cornton Vale to complete a pro forma regarding healthcare provision during the pandemic. Follow-up teleconferences were held with NHS Forth Valley to discuss the completed pro forma and to discuss pregnancy and maternity services within the prison. Inspectors then developed key lines of enquiry for the visit. Two inspectors attended the prison across the two day site visit and spoke with members of staff and viewed the care environment within the health centre. Given the current restrictions on the movement of prisoners and to safeguard both patients and staff, inspectors did not speak with or come into contact with any patients during the LV.

Access to care

Patients with symptoms of COVID-19 would be isolated in a designated area in the SRU. This area has a shower and toilet within each cell. Arrangements are in place to test for coronavirus and medication would be administered to these patients at

their cell door. Staff could describe the correct use of PPE. At the beginning of the pandemic, HMP YOI Cornton Vale responded rapidly by testing any patients who required to be isolated if symptomatic. We were told tests results were available within 12-24 hours. **This was good practice** and allowed patients testing negative to rejoin the prison population. When the period of shielding was extended by the SG, staff saw patients twice a week to offer additional support. Guidance was available to support staff with the management of these patients. All patients required to shield had their own care plan and were given guidance about shielding. SPS staff were made aware of patients who required to isolate so that they knew to wear PPE during any interactions. Following the SG COVID-19 guidance there were no patients shielding at the time of the visit.

Reception procedures had been introduced to assess all new arrivals in line with national COVID-19 guidance. Several nursing staff had completed training in COVID-19 testing and a track and trace system was in place.

Near Me (a secure NHS video call service for patients) is used to carry out consultations. The technology required to conduct this had been quickly mobilised into the prison within the residential halls and the Mother and Baby Unit. All patients have access to in-cell telephony.

Easy read leaflets were distributed to all patients, in conjunction with SPS, informing them of changes to the delivery of services in response to the pandemic. Correspondence from the healthcare team was also sent to patients outlining the pandemic response and changes to healthcare delivery. A questionnaire was developed by the prison Chaplain in conjunction with SPS and distributed to patients during the pandemic. This included questions on people's experience of care being provided by the NHS and what could be improved. Following a low response to the questionnaire, the healthcare team has arranged patient focus groups with social distancing to try obtain more detailed feedback. **This is good practice.**

Primary care

There was no change to the referral process. Referral forms are available in all the halls and are triaged by the primary care team. The GP screens referrals for urgency and medication requests and to determine whether patients require a face-to-face consultation. A letter was issued to all patients at the start of the pandemic explaining that only emergency consultations would take place, and that they should re-refer once normal healthcare services resumed. We were told that referrals had reduced and that patients had described this as being their personal choice.

During the initial stages of the pandemic, routine services were reduced in line with changes to community provision. Many clinics such as dental, long-term conditions, and sexual health were temporarily suspended during the height of the pandemic. Clinics have now restarted, although NHS dental services continue to offer a limited service in line with Scottish Government guidance. Throughout the pandemic the dental triage nurse, although not physically in the prison, was contactable for advice on referrals and any patient who required emergency dental treatment was seen promptly. Patients are being reviewed in consulting rooms within each individual hall

and they will attend the health centre if they require treatment. This minimises patient flow and risks within the health centre.

Patients with long-term conditions continued to be identified on admission. Although formal long-term condition reviews had been put on hold due to the pandemic, nursing staff were still aware of specific patient needs and individual care plans were in place and updated when required. During medication rounds staff have good oversight of all vulnerable patients and told us that SPS staff also alert healthcare staff of any concerns about a patient's health and wellbeing. Fortnightly meetings take place which include members of the multidisciplinary healthcare team and the SPS. This forum allows for any patients requiring support to be identified. Both SPS and healthcare staff indicated that communication is good and any patients causing any concern will be reviewed. At the time of the visit there were no patients within the prison in receipt of social care. Staff have excellent links with the other prison establishments within Forth Valley to utilise this resource if necessary as with palliative care. Anticipatory care plans are in place if required.

The last medication round is carried out from 16:00. The GP had carried out a review of patient kardexes resulting in many patients having their prescriptions changed from supervised to weekly or daily issue where appropriate. We saw the form provided to patients agreeing to spot checks of their medication and compliance. We were told that 20 spot checks take place weekly. Non-compliance would result in discussion about the how best to safely manage the patient's medications. **This is good practice.** Subsequent reviews identified cases where it was not safe to continue in-possession dispensing, resulting in a small number of patients reverting back to supervised issue. The healthcare team told us that all patients were under review for any requirement to adjust their evening medication regime as it was hoped overnight in-possession medication could be continued to enable patients to have more autonomy over their medication and support their sleep patterns. During our visit staff responsible for medication administration told us that some patients are receiving medication to help them sleep as early as 16:00. They have raised this with senior management. **This is a concern** as the early administration of this medication does not support patients to have a restful sleep. Solutions must be sought to reach a solution while the prison regime remains restricted. **Action Point 2.**

Access to secondary care for urgent cases continued during the pandemic and transfers to hospital continued in line with existing protocols. Secondary care outpatient appointments have recommenced via video conferencing and telephone.

Mental Health

The mental health team continued to accept referrals and assess patients identified as requiring support during the pandemic. Patients had access to an initial assessment within one to two days of receipt of referral and there is currently no waiting list. Access to mental health services has been supported through the provision of 'Near Me' consultations. Team discussion and meetings have also continued through use of virtual platforms. Where necessary Psychiatry visits take place and mental health nursing staff provide nursing input within the halls while complying with PPE requirements.

Following risk assessments by SPS, activity packs and art materials were given to patients to help support their mental wellbeing. Physical education instructors also provided health and exercise regime information to individuals.

TTM case conferences and risk management have continued. The usual protocol for transfer of a patient to an in-patient mental health unit also continued.

Access to individual psychology sessions was paused at the start of the pandemic in line with the NHS Forth Valley community mobilisation plan. We heard this resulted initially in an increase of people waiting to access psychological therapies. As individual face-to-face sessions service recommenced in early summer this was addressed. Clinical team meetings, case formulation meetings and mental health multi-disciplinary team meetings had continued using a virtual platform. The appointment of a full-time Clinical Psychologist has increased the capacity to offer patient appointments and to provide supervision and training for staff.

Most women offenders from across Scotland stay in the prison for a short period of time before possible transfer to a receiving prison such as HMP Edinburgh, HMP Greenock or HMP YOI Polmont. If complex mental healthcare needs are identified then there is an expectation that these individuals would stay in HMP YOI Cornton Vale. Individuals transferred to other establishments who subsequently require more intensive support would be transferred back to HMP YOI Cornton Vale. In the initial phase of the COVID-19 pandemic there was a hold on all transfers and admissions (apart from priority cases) and the prison population decreased to 60 individuals.

Mental health follow-up

In addition to the scope of the liaison visit, we looked at mental healthcare provision at HMP YOI Cornton Vale following the findings of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment¹ (CPT) visits undertaken in 2018 and 2019 which highlighted areas for improvement. This involved looking at the process for identifying patients with existing or suspected mental illness who required assessment and care planning to meet complex care needs. For these patients we looked at what care and support was available from the mental health team while they were in custody.

Initial contact with the healthcare team takes place during the reception process with all women seen within reception by a nurse from the mental health team. We saw evidence of allocation of duties within the staff roster and heard that when available an additional nurse from the primary care team supports the process. Information is sought from primary and secondary care where required and follow-up is provided by the mental health team the next day to determine what additional assessment or action is required. Where patients require to be placed on TTM, mental health nursing staff are involved at the initial assessment and undertake daily visits to the patients while TTM remains in place. **This is good practice.**

¹ <https://www.coe.int/en/web/cpt>

The CPT reports highlighted the need for access to medium secure and secure beds where transfer was deemed necessary. There were no patients awaiting transfer at the time of our visit.

Since March 2020, there have been 11 transfers of patients from HMP YOI Cornton Vale requiring in-patient mental health assessment and treatment. External assessments for transfer had been undertaken with the availability of 'Near me' described as a positive support for this if required. The need for a system to record any actual or potential delays in accessing appropriate in-patient care has been identified and we heard that details are now being collated by the National Prison Care Network Healthcare and shared with the Mental Welfare Commission. NHS Forth Valley should ensure that the escalation process for delays in accessing appropriate in-patient treatment is clearly demonstrated and communicated to support planning of care for patients awaiting transfer. **Action Point 3.**

Where additional health care needs are identified for a patient, these are delivered under a 'Rule 41' for mental health. This is supported by a care planning which is discussed at a multi-disciplinary team meeting. There was evidence of comprehensive care plans which are shared with SPS staff and which provided the opportunity for patients to contribute. All patients on a Rule 41 were seen daily by nurses from the mental health team. **This is good practice.**

Opportunities for delivering therapeutic interventions reduced as a result of the COVID-19 restrictions. However, there was evidence within care plans of involvement from across the multi-disciplinary team and input from other available professions and agencies, such as education, translator services and Chaplaincy.

Support for therapeutic engagement included allocating a room within one of the residential halls for one-to-one activity and training for healthcare and SPS staff and the introduction of group reflective practice for the mental health team. Training is planned for November 2020 for staff in low intensity psychological interventions as part of the Matched Stepped Care Model² set out in the [Forensic] matrix for Scotland³.

The Decider Skills" training took place for some SPS staff in September 2020 covering 12 skills. Decider is an evidence based skills programme for clinicians where a total of 32 skills are completed. This training is offered within NHS Forth Valley and planning is underway to extend this across health and SPS staff within HMP YOI Cornton Vale.

² The matched stepped-care approach is a way of organising services to ensure patients' needs are appropriately met within service resources. Matched stepped-care should ensure that patients have access to the appropriate level and intensity of treatment required to meet their needs at a given time.

³ In keeping with Scottish Government policy, psychological therapies should be delivered in accordance with guidance contained in Mental Health in Scotland: A Guide to Delivering Evidence-Based Psychological Therapies in Scotland – The Matrix (NHS Education for Scotland and the Scottish Government, 2011, updated 2015)

There was evidence of an ongoing programme of development to increase the opportunities for therapeutic interventions⁴ with patients by the mental health team within HMP YOI Cornton Vale. While this was positive, the need to recruit staff to support this remains a challenge for NHS Forth Valley. Despite the impact of the current restrictions due to COVID-19, it was evident that development was continuing within the current environment.

Substance Misuse

Addictions services continued as normal with the exception of group meetings. The service has continued to meet the national waiting time target of 21 days.

In line with recent national Opiate Replacement Therapy (ORT) guidance, NHS Forth Valley introduced the 'Buvidal Injection' during the pandemic. Patients who have moved onto Buvidal have reported health benefits to staff. HMP YOI Cornton Vale and the primary care team are working with community services to support patients to continue use of the drug on liberation. The GP has been collating feedback from patients to help determine the success of the drug over time and to share learning with other patients and colleagues and potentially contribute to research.

Blood Borne Virus (BBV) and sexual health clinics in HMP YOI Cornton Vale are offered on an opt-out basis. Despite the clinics being paused, BBV testing had continued. Dry blood spot testing was also provided and we heard there were plans to extend the availability of this through training staff in the Prison Healthcare Addiction Service (PHAS) team. Leadership across the three prison health centres in Forth Valley had recently been strengthened by the appointment of an addictions team lead in August 2020. Staff and managers spoke positively about the potential to develop addiction services and plans to integrate these more closely with the mental health team within HMP YOI Cornton Vale.

Addictions staff offer one-to-one Naloxone (Naloxone is a drug used to reverse the effects of an opiate overdose) training to patients with a planned liberation date. Naloxone kits are also placed alongside patients' belongings. A nasal spray alternative to Naloxone in injection form was offered during the initial pandemic response. This had not been sustained and the future availability of this alternative was not clearly demonstrated. There is a system in place to identify if patients choose not to take Naloxone with them on liberation. We heard this rarely happens and addiction staff expressed confidence in the current provision. However, NHS Forth Valley should review the standard operating procedure for Naloxone to reflect the criteria for use of both Nasal and Injectible Naloxone. **Action Point 4.**

Group work remains suspended in line with current guidance. There were discussions taking place to identify how 'Recovery Cafes' could be safely introduced. Staff identified these groups as being most requested by patients to restart when possible.

⁴ Therapeutic engagement involves healthcare professionals spending quality time with patients and aims to empower the patient to actively participate in their care.

Smoking cessation continues to be offered to new admissions within 72 hours of admission. The waiting time for self-referral is usually between one and two days.

Both mental health and addictions services were identified as clinical priorities within HMP YOI Cornton Vale and this was consistent with NHS Forth Valley priorities. The rapid provision of telehealth and IT equipment was integral to maintaining these aspects of healthcare delivery during the pandemic. The temporary change of nursing shifts to align with the SPS regime in response to COVID-19 also enabled mental health staff and the PHAS team to prevent patients waiting to access these services and has temporarily mitigated the effect of the current level of vacancies in the mental health nursing team. We were assured that efforts to recruit to vacancies were recognised as a priority to support service continuity, remobilisation and development.

Patient admissions

The recent increase in court activity has posed some challenge for the healthcare team within HMP YOI Cornton Vale. Staff reported that some prisoners are arriving into the prison after the nursing shift finishes at 21:00. The healthcare team has been working to anticipate late admissions and arranging staff rotas to enable late arrivals to be fully admitted in line with Standard 9 requirements. However, staff recognised that a longer-term solution is needed. NHS Forth Valley is working on a solution at a local level while discussions are taking place at a national level to address the issue of late arrivals.

Pregnancy and maternity services

Pregnancy care planning continued during the pandemic with midwifery and hospital appointments and care equitable to that available in the community. Guidelines were written in with SPS about COVID-19 and the care of pregnant women and mother and babies.

One individual in HMP YOI Cornton Vale was pregnant during the pandemic. The individual was provided with guidance about the risks of COVID-19 and had care plans in place and regular input from the NHS Forth Valley Midwifery Team. Communication with the midwifery team was also available via a 24-hour maternity triage phone number. Joint care planning was undertaken by the prison-based social work team, SPS and NHS staff through weekly mother and baby meetings, which were minuted. The care plans reflected national guidelines for pregnant women in terms of shielding and the use of PPE during interactions. SPS staff also monitored the patient within the residential halls. The social work team liaised with external specialist services to ensure the individual had appropriate access, for example to antenatal classes. A buddy was identified to support the individual during the pregnancy. **This is good practice.**

Child protection assessment was undertaken and the community midwife team handed over to the local GP practice health visiting team following the baby's birth, for follow-up care. A health visitor regularly attended the mother and baby meetings. The baby was registered at the local health centre for relevant checks and immunisations and this was overseen by the prison healthcare team and the health

visitor from the general practice. GEOAmev escorted the individual to the local registry office to register the birth when the service was available.

SPS provided dedicated video equipment in the Mother and Baby Unit for the patient to use for social work meetings or communication with family members. This also supported shared care arrangements with the baby's grandparents in line with SG COVID-19 guidelines.

Infection Control/Health centre environment

On entering the prison, we observed appropriate infection prevention and control measures including antibacterial hand sanitisers. Clinical waste bins were in place for the disposal of PPE. We visited areas where healthcare was delivered and found these to be visibly clean and of a good standard.

All cleaning is provided by the prison industrial cleaning work parties which are co-ordinated by SPS. All cleaning is delivered by prisoners who are trained in biohazard cleaning. We saw evidence of certificates the prisoners had achieved. Cleaning of all areas where healthcare is delivered is in line with national guidance and the standard was high in all areas. We saw evidence of cleaning schedules in place for both cleaning parties and nursing staff and the evidence of sign-off that cleaning had been completed. We were told that planned preventative maintenance is ongoing and responsive repairs are carried out by the estates team in a timely fashion. The fabric of the building allowed for effective cleaning.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use, as well as the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles were available in all clinical rooms and appropriate disinfectants were used in the clinical areas in accordance with the NHS board's infection control guidelines. The room on the residential hall, allocated for nursing staff to provide medication and patient consultation, was cleaned to a high standard.

Throughout the pandemic the prison healthcare team received support from the NHS board's infection prevention and control team. Support was also available from the System Leadership Team, COVID-19 Control Team, COVID Hub, Pandemic Incident Management Team and the Public Health Team.

We saw evidence of efforts taken to reduce the footfall in the health centre of patients as required by physical distancing requirements.

Non-alcohol gel dispensers were available in communal areas within the health centre and clinical wash basins were decontaminated in line with the HPS guidance. Disinfectant wipes were available in all clinical areas and chlorine releasing disinfectant was available in the event of a suspected or confirmed case of COVID-19.

All staff had access to and received training on the use of PPE. We observed staff using correct PPE when they were unable to socially distance. Staff had been fitted with FFP3 masks and up-to-date electronic records for mask fit testing were kept.

Aerosol generating procedures (AGP) are not undertaken so FFP3 masks have not been required. However, these masks will be required once AGPs are reinstated and health care staff have been fitted for FFP3 masks so that CPR can be commenced when required.

Governance, leadership and staffing

Prison healthcare is managed by NHS Forth Valley and sits within the NHS board's Primary Care and Mental Health Directorate. At the onset of COVID-19, NHS Forth Valley established structures to support decision-making and oversight of prison healthcare. This included an NHS Forth Valley Pandemic Incident Management Team (attended by the prison Service Manager); attendance at weekly Scottish Health in Custody Network meetings; and daily huddles. The NHS Forth Valley senior leadership team includes the service manager for prison healthcare to maintain direct links with clinical practice. We saw evidence of contingency plans and guidelines for NHS Forth Valley for responding to the pandemic. A recovery plan setting out the remobilisation of services across the three prisons has been submitted to the Scottish Government as part of the wider NHS Forth Valley COVID-19 remobilisation plan for Mental Health, Learning Disability and Prison Healthcare.

NHS Forth Valley has an effective governance structure with clear lines of reporting and accountability. This allowed normal escalation and governance processes to continue during the pandemic. In addition, lines of communication were evident between the NHS board and prisoner healthcare to discuss workforce, clinical demand and the allocation of resources.

Safe staffing levels have been maintained in the establishment throughout the pandemic. This was supported by a change in the shift pattern to align with the changes to the regime in HMP YOI Cornton Vale. The recruitment of staff has been ongoing.

There are currently three outstanding Band 5 nurse vacancies within the mental health team. A workforce group meets regularly to review challenges to recruit staff. The skill mix has been reviewed and there are plans to advertise two of these vacancies as Band 6 roles to attract staff. Work has also been undertaken with the University of Stirling to promote the role of prison healthcare nurses across NHS Forth Valley and provide opportunities for learning within the prison. Staff vacancies in the prison have been supported through the use of regular experienced bank staff and a member of staff from HMP Glenochil. The NHS board is planning to expand the existing advance nurse practitioner led service across three prisons within NHS Forth Valley.

A range of resources are available to support staff health. This includes wellbeing resources for staff and managers dealing with COVID-19. Staff told us they felt well supported by their line managers, through daily huddles and regular team meetings. Clinical supervision and training opportunities have also continued to be available to staff. Staff informed us they felt supported by senior management and that there were good lines of communication. During the pandemic staff also had access to the psychology service for support if necessary.

The relationship and communication between SPS and the healthcare team was described as being very good during the pandemic, with regular meetings to discuss issues and share learning.

Action Point 2: a solution is required while the prison regime remains restricted to support the sleep pattern of patients who receive medication late afternoon to help them sleep.

Action Point 3: NHS Forth Valley should ensure that the escalation process for delays in accessing appropriate in-patient treatment is clearly demonstrated and communicated to support planning of care for patients awaiting transfer.

Action Point 4: NHS Forth Valley should review the standard operating procedure for Naloxone to reflect the criteria for use of both Nasal and Injectable Naloxone.

Good Practice 6: at the beginning of the pandemic, HMP YOI Cornton Vale responded rapidly by testing any patients who required to be isolated if symptomatic. We were told tests results were available within 12-24 hours which allowed patients testing negative to rejoin the prison population.

Good Practice 7: a questionnaire was developed by the prison Chaplain in conjunction with SPS and distributed to patients during the pandemic. This included questions on people's experience of care being provided by the NHS and what could be improved. Following a low response to the questionnaire, the healthcare team has arranged patient focus groups with social distancing to try obtain more detailed feedback.

Good Practice 8: following a review by the GP, patients had their prescriptions changed from supervised to weekly or daily issue where appropriate. A form is provided to patients to agree to spot checks of their medication and compliance. We were told that 20 spot checks take place weekly. Non-compliance would result in discussion about the how best to safely manage the patient's medications.

Good Practice 9: where patients require to be placed on 'Talk to Me', mental health nursing staff are involved at the initial assessment and undertake daily visits to the patients while 'Talk to Me' remains in place.

Good Practice 10: a buddy was identified to support the mother during the pregnancy.

Good Practice 11: all patients on a Rule 41 were seen daily by nurses from the mental health team.

Conclusion

HMP YOI Cornton Vale was calm and orderly during our two day visit and inspectors were impressed by the care and compassion demonstrated by staff. Inspectors were impressed by the efforts made to engage prisoners in activities, despite the more restricted range of opportunities available while construction of the new national facility continues.

The management team are to be congratulated on their communication and engagement with prisoners and staff, which was appreciated by everyone we spoke to in the prison. The health and wellbeing survey and follow-up focus groups asking prisoners about the care they had received in HMP YOI Cornton Vale demonstrated SPS and NHS teams' commitment to the principle of continuous improvement. Indeed there was a strong sense of SPS and NHS teams working well together to keep prisoners safe. Inspectors noted that the standards of cleanliness and approach to infection control were excellent.

HMIPS noted the significant work underway to addressing the CPT recommendations and welcomed the development of a trauma informed environment with planned training for SPS and NHS staff in gender specific approaches and in particular for dealing with multifaceted complex needs. Access to initial mental health assessments was achieved within two days of referral. It was pleasing to see mental health staff were involved in the assessment process for TTM and subsequently undertook daily visits to the individuals while they remained on TTM or Rule 41. We similarly commend the inclusion, where relevant, of short walks with PTI staff within the care plans of those on TTM.

HMIPS welcomes the significant reduction in levels of violence achieved over the last two years and the positive approach adopted to use of the complaints process. We particularly appreciate that pre-release planning was provided for both convicted and remand prisoners and encourage a similar approach by all prisons.

We found a great deal to commend and applaud at HMP YOI Cornton Vale. However, we continue to have concerns that the lack of high security psychiatric care options for women in Scotland may leave women remaining in HMP YOI Cornton Vale, when a specialist psychiatric care setting would be more appropriate to their care needs.

SPS and NHS teams need to work together to devise a solution to support the sleep pattern of patients who cannot be given in-possession medication. NHS Forth Valley need to develop an escalation process for those experiencing delays in accessing appropriate treatment and review the standard operating procedures for Naloxone to reflect the availability and use of both Nasal and Injectable Naloxone.

Although these and other Action Points summarised in Annex A were identified, the overriding impression gained by both HMIPS and HIS inspectors was of a highly professional, caring, and supportive regime being provided by SPS, NHS and Education staff. We welcome the fact that many of the women, some of whom were quite vulnerable with complex mental health needs, were themselves quick to recognise and appreciate the care and support being shown to them.

Finally we will continue to monitor the development of the women's estate and look forward to seeing HMP YOI Cornton Vale develop further.

List of Action Points

Action Point 1: SPS and HMP YOI Cornton Vale should ensure that any important information should be translated into languages that reflect the prison population.

Action Point 2: A solution is required while the prison regime remains restricted to support the sleep pattern of patients who receive medication late afternoon to help them sleep.

Action Point 3: NHS Forth Valley should ensure that the escalation process for delays in accessing appropriate in-patient treatment is clearly demonstrated and communicated to support planning of care for patients awaiting transfer.

Action Point 4: NHS Forth Valley should review the standard operating procedure for Naloxone to reflect the availability and use of both Nasal and Injectable Naloxone.

List of Good Practice

Good Practice 1: we commend HMP YOI Cornton Vale for carrying out prisoner wellbeing and support surveys and for the way they used feedback from the survey to encourage continued vigilance by everyone.

Good Practice 2: HMIPS welcomes the high standard of the cleanliness and infection control achieved by those in HMP YOI Cornton Vale and the approach taken in the training of both staff and prisoners and support given by the officer in charge of the ICP.

Good Practice 3: the PTI will take those on TTM that can, out for short walks as part of the TTM care plan.

Good Practice 4: we welcome the positive approach taken to the operation of the complaints system in HMP YOI Cornton Vale.

Good Practice 5: we commend HMP YOI Cornton Vale for ensuring pre-release planning is carried out for both convicted and untried prisoners.

Good Practice 6: at the beginning of the pandemic, HMP YOI Cornton Vale responded rapidly by testing any patients who required to be isolated if symptomatic. We were told test results were available within 12-24 hours which allowed patients testing negative to rejoin the prison population.

Good Practice 7: a questionnaire was developed by the prison Chaplain in conjunction with SPS and distributed to patients during the pandemic. This included questions on people's experience of care being provided by the NHS and what could be improved. Following a low response to the questionnaire, the healthcare team has arranged patient focus groups with social distancing to try obtain more detailed feedback.

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Good Practice 10: a buddy was identified to support the mother during the pregnancy.

Good Practice 11: all patients on a Rule 41 were seen daily by nurses from the mental health team.

Acronyms used in this Report

AGP	Aerosol Generating Procedures
BBV	Blood Borne Virus
COVID-19	Coronavirus Disease 2019
CPR	Cardiopulmonary Resuscitation
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
GIC	Governor-in-Charge
HIS	Healthcare Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HPS	Health Protection Scotland
HDC	Home Detention Curfew
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
LV	Liaison visit
MAPPA	Multi-Agency Public Protection Arrangement
NHS	National Health Service
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other cruel, inhuman or Degrading Treatment or Punishment
ORT	Opiate Replacement Therapy
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PPE	Personal Protective Equipment
PHAS	Prison Healthcare Addiction Service
PTI	Physical Training Instructor
SD	Social Distancing
SG	Scottish Government
SPS	Scottish Prison Service
SPS HQ	Scottish Prison Service Headquarters
SQA	Scottish Qualifications Authority
SRU	Separation and Reintegration Unit
TTM	Talk to Me
YOI	Young Offender Institution