

# HMP Addiewell

Full Inspection  
7-18 November 2022



## Contents

<b>Introduction and Background</b>	<b>02</b>
<b>Key Facts</b>	<b>04</b>
<b>Overview by HMCIPS</b>	<b>05</b>
<b>Human Rights Based Approach Overview</b>	<b>08</b>
<b>Standards, Commentary and Quality Indicators</b>	<b>15</b>
<b>Standard 1</b> – Lawful and Transparent Custody	15
<b>Standard 2</b> – Decency	17
<b>Standard 3</b> – Personal Safety	20
<b>Standard 4</b> – Effective, Courteous and Humane Exercise of Authority	22
<b>Standard 5</b> – Respect, Autonomy and Protection Against Mistreatment	23
<b>Standard 6</b> – Purposeful Activity	27
<b>Standard 7</b> – Transitions from custody to life in the community	32
<b>Standard 8</b> – Organisational Effectiveness	34
<b>Standard 9</b> – Health and Wellbeing	36
<b>Annexes</b>	
<b>Annex A</b> Summary of Recommendations	44
<b>Annex B</b> Summary of Good Practice	53
<b>Annex C</b> Summary of Ratings	55
<b>Annex D</b> Progress on recommendations since the last inspection	58
<b>Annex E</b> Prison Population Profile on 20 October 2022	65
<b>Annex F</b> Inspection Team	67
<b>Annex G</b> Acronyms used in this Report	68
<b>Evidence Report (Commentary and Quality Indicators)</b>	
The full inspection findings and overall rating for each of the quality indicators (QIs).	<b>71</b>

## Introduction and Background

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

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

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







HMIPS assimilates information resulting in evidencebased findings utilising several different techniques. These include:

- Asking the Governor or Director in Charge for a self-evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- Obtaining information and documents from the SPS and the prison inspected.
- Conducting a pre-inspection survey with prisoners prior to the inspection.
- Reviewing the IPM reports and a focus group with IPMs.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one-to-one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as Case Conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.

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

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

1. A colour coded assessment marker.

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

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

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

## Key Facts

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### Location

HMP Addiewell is situated in the village of Addiewell, near West Calder in West Lothian.

### Role

HMP Addiewell is operated by a private company, Addiewell Prisons Limited (APL), and the management and operations of running the prison is subcontracted to Sodexo Justice Services. The contract is between APL and the SPS. It serves the courts in Lanarkshire and West Lothian, holding prisoners remanded in custody as well as convicted adult male prisoners.

HMP Addiewell is designed as a “learning” prison, where those in custody can address their offending behaviour and the circumstances which led to their imprisonment. The learning aspect aims to improve their employability prospects, their wellbeing and community support networks, leading to a reduction in reoffending.

### Brief History

HMP Addiewell opened in 2008, providing accommodation for any mix of high, medium and low supervision male prisoners, including young persons.

The prison is situated in the village of Addiewell, which is in the central belt of Scotland, between the two largest cities, Glasgow and Edinburgh.

### Accommodation

HMP Addiewell has two large purpose-built house blocks, within which there are 12 separate wings containing single and double cells, as well as accessible cells for prisoners with mobility issues. The prison also has a separation and reintegration unit (SRU).

### Design Capacity

The establishment can, if required, hold up to 796 prisoners. However, the current operational capacity is 724, made up of 700 available prisoner places and an extended capacity of 24 additional prisoner places.

### Date of last inspection:

6-17 August 2018.

### Healthcare provider:

Royal Edinburgh Associated Services (REAS).

### Learning provider:

Sodexo Justice Services (SJS).

## Overview by HMCIPS

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HMP Addiewell was an unusual mix of leading-edge approaches contrasted with a real concern that the establishment's significant and enduring challenges were impacting the safety and security of the prison. It was extremely disappointing to find that many of the same issues that we had seen and reported on when we last inspected HMP Addiewell, had not been resolved. In particular, despite significant efforts by management, the lack of experienced staff remained a critical concern. Residential areas remained chronically underresourced, in both staff numbers and experience, to deal effectively with the considerable daily challenge of managing a complex population, ensuring safety, responding to individual prisoner needs and requests, managing the contract requirements and responding to incidents.

The feedback provided by prisoners through our anonymous pre-inspection prisoner survey painted a deeply troubling picture about safety, staff attitudes and access to crucial services. Only 29% of prisoners said they felt safe all or most of the time. Sixty per cent of prisoners said they had witnessed staff abusing, threatening, bullying, or assaulting another prisoner and 40% of prisoners said they had been abused, threatened, bullied or assaulted by staff themselves. Eighty-four per cent of prisoners said it was quite difficult or very difficult to access the prison GP and 69% said it was difficult to access a nurse. Similarly, 75% said it was quite difficult or very difficult to access mental healthcare. Almost half of all prisoners said it was difficult to access education.

Regrettably, when inspectors arrived onsite and talked to prisoners and staff, many of these concerns appeared justified, particularly in relation to safety. The scope for protection prisoners to come into contact with mainstream prisoners and the lack of experienced staff on residential wings, particularly if staff had to respond to incidents elsewhere, was disturbing.

While the prison had plans in place to recruit more staff to allow three staff in each residential wing, and was investing in mentoring support for new staff, unfortunately this development had not come to fruition at the time of our inspection or indeed when we made a return visit in January 2023. The staffing challenges were compounded by high levels of sick leave, staff turnover and too often frontline staff complained that their managers were not providing enough visible support.

Although we observed several dedicated staff in different areas of the prison responding in a highly professional, respectful, and caring way, sometimes in challenging circumstances, we also witnessed a few examples of unprofessional and disrespectful behaviour by staff towards prisoners.

Cleanliness was noticeably poor in many of the residential areas, compounded by a lack of control of the cleaning equipment.

While the prison can boast some excellent facilities in the Learning Academy more could be done to encourage participation and in a repeat of our 2018 recommendation, the contract needs revised to encourage a greater focus on participation rates rather than opportunities provided for learning.

It is important of course to emphasise that while making 126 recommendations for improvement, inspectors also recorded 25 examples of good practice. The prison is unquestionably leading edge within the Scottish prison system in terms of its use of technology, with for example in-cell technology and body worn video cameras. We highly commend their visionary enthusiasm and commitment to press ahead with these technological developments and hope to see them replicated across the estate. The use of Insiders or peer mentors across the prison but particularly at reception and in the early days of admission to the prison is also an excellent initiative.

Other examples of good practice that deserve recognition include staff wearing less formal dress in reception, the Early Days Centre, the emerging Recovery Centre, the commitment to restorative practices, the Learning Academy, Cyrenians support and the range of support activities provided by the Chaplaincy team.

The Learning Academy provided good quality supportive learning in a relaxed, safe, and effective learning environment; the initiative of working with a university to improve the range of options available to prisoners is welcomed. Within family visits, trauma-informed Cyrenians workers attended all family sessions, facilitating play and offering support to families and prisoners. We welcomed the provision of parenting classes that included an additional visit. The Recovery Café and the establishment of strong partnerships with local partners to support prisoners with addiction issues in the prison and back in the community was commendable.

HIS inspectors praised the existing healthcare staff for their unfailing dedicated commitment to their roles in extremely difficult circumstance and were able to identify several aspects of good practice, including the vaccination clinic, information provided for patients with longterm conditions and the use of welfare plans for staff to assist prisoners with healthcare needs. However, the number of vacancies in the healthcare team was impacting significantly on their ability to provide an effective service to the extent that overall healthcare delivery had to be assessed as poor, with several aspects compromising patient outcomes and safety.

In conclusion, HMP Addiewell remains a frustrating conundrum. It is ahead of its SPS counterparts in embracing the potential of digital technology and shows commendable drive and commitment to embed new approaches such as the Early Days Centre and the use of 'Insider' peer mentors, but it struggles to provide the basics of a safe controlled environment. Until the enduring recruitment and retention issues are fully resolved and the prison can secure and retain sufficient experienced staff in all residential areas there will continue to be an unacceptable risk to the safety of those in their care and a risk of continuing periods of instability.

The SPS must support the Sodexo management team in their efforts to bring this much needed stability to the prison and explore whether further revision to the contract would be mutually advantageous in delivering a more stable prison that is both able and encouraged, through the contract, to make best use of the significant opportunities for rehabilitation-focussed activities that unquestionably exist within the prison.

We have made 126 recommendations in total, but we encourage the prison and its partners to give focus to the following six priority areas:

1. HMP Addiewell should review safe staffing levels within the establishment and take action to provide a more stable and consistent workforce in the wings. This includes improving the knowledge, skills, experience and support to frontline staff.
2. HMP Addiewell should review the regime, in consultation with staff and prisoners, to ensure good order and control. For example, ensuring sufficient time for both staff and prisoners to move location safely, activities, medication and fresh air do not clash, and the different cohorts have equitable access.
3. SPS and Sodexo should review the contract to ensure it does not inadvertently inhibit the safe and effective management of prisoners, and drives improved purposeful activity participation levels.
4. HMP Addiewell should ensure that the cleaning and 'MAXIMO' (planned and reactive system maintenance) systems are fully implemented and complied with to effectively manage the prisons maintenance.
5. HMP Addiewell should implement a personal officer scheme, provide training and raise awareness of the case management process.
6. REAS/NHS Lothian must review staffing and systems to ensure triages, assessments and clinics can consistently be available to patients.



## Human Rights Based Approach Overview

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### Background

HMIPS is a human rights organisation. As such, we ground all our inspections in human rights principles. Our nine standards are written with the international human rights framework as a close reference point, and our inspectors apply these standards through a human rights-based approach.

Amongst many others, our standards are heavily influenced by CPT Standards; UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); European Prison Rules; UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; Various Council of Europe Recommendations; UK Domestic Legislation, including the Human Rights Act and Scotland Act; European Convention on Human Rights; UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules); International Jurisprudence and best practice; and UN Convention Against Torture.

The human rights-based overview of the inspection of HMP Addiewell follows the Participation, Accountability, Nondiscrimination and equality, Empowerment, and Legality (PANEL) headings, illustrating how human rights are applied to the inspection as a whole. This overview is not exhaustive of all human rights observed and engaged but is intended as a brief synopsis of the implementation of a human rights-based approach in HMP Addiewell.

HMIPS's human rights-based approach to inspection is a critical element of ensuring both that the human dignity of the prisoner is upheld and that prisons are places of productive, positive and useful education, work and interaction, leading to better outcomes in reducing recidivism and keeping our communities safer.

### Overview

As our report will evidence, whilst HMP Addiewell had several successes to its credit, the contrasting reality is that it was an establishment with many entrenched challenges. A lack of experienced and sufficient staff; a leadership team with undoubted vision and ambition but one seemingly unable to resolve the enduring issues which have dragged the prison down for too long; and a contract which inhibited innovation; all contributed to an establishment that struggled to meet the needs of those in their care. The outcome is that the Inspectorate is deeply concerned that the rights for prisoners are not being adequately met at HMP Addiewell.

## **Safety**

Human rights are universal. It is repeated across numerous human rights frameworks, an inalienable right to be free from torture, inhumane, degrading or illtreatment. This is a positive obligation which, in the context of detention settings, requires authorities to adequately secure the physical and psychological integrity and wellbeing of those detained.

Inspectors found an establishment where prisoners and staff alike told us that they did not feel safe. Only 29% of prisoners told us in our preinspection survey that they felt safe all, or most, of the time at HMP Addiewell. Inspectors corroborated this finding on-site during one-to-one interviews, focus groups and observations. They found a significantly worrying proportion of individuals who did not feel safe, and these concerns were not unwarranted or exaggerated.

Some of these concerns may have been mitigated if we had confidence that prisoners were able to report their concerns and have them investigated confidentially and seriously. Our inspection found staff/prisoner relations to be poor which did not lead to a conducive environment for open and transparent communication. Inspectors witnessed, on occasion, staff speaking to prisoners in an unprofessional manner which did not suggest to us that there was an opportunity for concerns to be given freely without fear of reprisal.

HMIPS is deeply concerned that prolonged feelings of unsafety, lack of security and fear could have a significant detrimental impact on prisoners' mental health, not to mention the potential risk to physical safety. We were not satisfied that HMP Addiewell were taking sufficient action to address these concerns, and in our judgement there is a potential risk that violations of this right will arise.

## **Right to fresh air**

Prisoners are entitled to at least 60 minutes fresh air per day. This right was not being met at HMP Addiewell. The establishment had made provision for fresh air to take place at the same time across the whole prison. This acted as a disincentive for protection prisoners to take their entitled fresh air as they were subject to verbal abuse from mainstream prisoners. The scheduling in the regime timetable meant that the movement of residents from time in the open air inevitably bled into the time available for the evening meal. NHS have also scheduled their evening medication dispensary over this time frame. It was therefore impossible for a prisoner to obtain medication, food, and his entitled 60 minutes of fresh air within the time frame.

Our inspection took place in November 2022 when the sun sets at around 16:00. Therefore, the only opportunity for prisoners to be outside was when it was dark. While the right to fresh air does not specify a right to sunlight, HMIPS would strongly encourage HMP Addiewell to examine their regime to allow for exercise to take place when it is light, recognising the importance sunlight can have on an individual's mental health.

Overall, the establishment's approach to the right to fresh air was disappointing and unsatisfactory.

## Healthcare

Prisoners have a right to an adequate standard of healthcare provision, and at the most extreme, the establishment has a positive obligation under the right to life to ensure a safe standard of healthcare. Overall, inspectors found healthcare provision at HMP Addiewell to be poor.

Of highest concern was the delivery of mental health and addiction support, which was operating at 50% capacity due to staffing issues. Wait times were far too long and we found patient outcomes to be compromised. This compounded into a serious concern, where countless prisoners told us they needed help, but could not access it.

## PANEL

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### Participation: “Prisoners should be meaningfully involved in decisions that affect their lives”

Components to the principle of participation include that it must be active, free and meaningful and give attention to issues of accessibility, including access to information in a form and a language that can be understood. HMIPS would expect that any barriers to participation are identified and that those prisoners would be assisted to overcome them in order to meaningfully participate.

Participation at HMP Addiewell was satisfactory. While it seemed there was little opportunity for prisoners to participate in recent history, inspectors were pleased to observe the reintroduction of prisoner forums and attempts to involve prisoners; the benefits of this are still to be realised. Inspectors observed one of the forums and found it to be a good model that took account of prisoners’ views and gave reasonable explanations when a change was not possible.

Despite this positive practice, there remained a view from both our pre-inspection survey, focus groups and individual prisoners, that their voice was not heard. Prisoners reported that many of these processes felt like lip service, and that they did not have a meaningful impact on the day-to-day running of the establishment. We would encourage the establishment to do more to demonstrate to the prison population where prisoners’ voice has made meaningful differences.

Prisoners had the opportunity to be actively involved in their case management and could attend Integrated Case Management (ICM) case conferences. However, only recently had prisoners been involved in Risk Management Team (RMT) meetings. While being able to attend these meetings is a good first step, the establishment should do more to support individuals to actively participate in them, with the relevant information and opportunities.

In general, it was clear to inspectors that participation had not been a priority. There were encouraging signs of a participatory model returning to HMP Addiewell, but this must be developed further to embed a culture and meaningful involvement of prisoners in decision-making.

**Accountability: “There should be monitoring of how prisoners’ rights are being affected, as well as remedies when things go wrong”**

The prison demonstrated a relatively good model of accountability through the use of their safer custody meetings, which were robustly chaired and operated on a model of respectful challenge. The Safer Custody Meeting took a multidisciplinary approach to managing incidents. It ensured that responsibility for this not only lay with operational staff but allowed input from multiple areas across the establishment who may be able to suggest alternative resolutions. While the meetings were a good step to achieving accountability, it was not clear to inspectors how actions reached at this meeting were operationalised.

HMIPS has a longstanding view that Equality and Diversity (E&D) complaints across the Scottish prison estate are not handled well. While a slightly different system was used at HMP Addiewell, our concerns continue around the model. The process by which E&D complaints were made by prisoners involved the use of a Discrimination Incident Reporting Form (DIRF). In line with the rest of the prison estate, this process was wholly lacking. Forms were not readily available, and staff demonstrated a lack of knowledge around the use of them; indeed the process was not clear to inspectors. The process of dealing with a DIRF complaint did not differ in any clear way, in either process or outcome, from a standard Prisoner Complaint Form (PCF) complaint, rendering it without additional value.

In common with other inspection findings, the complaints system did not have the confidence of the prison population. The establishment should take more steps to recognise the disconnect between prisoners and the complaints system. Prisoners need to be assured that their voice is listened to and that authorities are accountable when things go wrong. Despite the process appearing robust when complaints were received, more effort should be taken to provide prisoners with confidence in the process.

More widely, HMIPS have concerns about the extent to which the SPS complaints system meets the expectations of the best practice model articulated by the Scottish Public Services Ombudsman (SPSO).

HMP Addiewell had in place several action plans to track issues from the SPS controllers, internal audits, and HMIPS recommendations. Although some were noted as closed, inspectors identified that this was not the case.

**Non-discrimination: “All forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.”**

Non-discrimination requires the duty bearer to go further than not actively discriminating. It is not a passive duty but an active one, to make deliberate efforts to prevent discrimination from occurring in all forms.

The Diversity, Equality and Inclusion (DEI) Team, led by a strong senior manager, were beginning to show signs of a good E&D model. We look forward to this coming to fruition.

Protection prisoners had a poorer experience at HMP Addiewell than mainstream and it is hard to avoid describing this treatment as discriminatory. Although HMIPS is aware of the challenge the establishment have in managing such a complex population. Protection prisoners whose learning was based in residential areas had poorer facilities than mainstream prisoners; for example being unable to view educational videos, and denied access to the clay and pottery making facilities in the prison's main art room; nonetheless it was pleasing to see the increase in activity provision since our last inspection.

Foreign nationals could access all information available to prisoners via the kiosk system, which was available in several languages, and translation services were readily accessible when required. Those for whom English was a second language were interviewed by inspectors and they found their treatment at HMP Addiewell to be good. They spoke highly of staff making extra efforts to ensure they felt supported, and the provision of a dedicated and excellent English as a second language teacher in the education department was very good indeed. The Language Exchange Programme was an innovative approach that supported prisoners to become peer mentors and to teach others the English language. The course had removed language barriers faced by some and had successfully supported non-English speakers into a work party.

**Good Practice 1:** The dedicated English as a Second Language teacher and the Language Exchange Programme.

The Chaplaincy team demonstrated a good range of support to those of all faiths and none. The delivery of a Roman Catholic service in the Polish language was a good example of inclusivity, and the community support sought out for Mandarin speakers demonstrated a good collaborative approach to removing barriers. Protection prisoners did not have access to a Reformed service. This issue was raised at the last inspection in 2018. The introduction of a Reformed service for protection prisoners would ensure they could realise their right to practice their faith communally.

**Empowerment: “Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives”**

Much of the discussion above around participation and accountability also applies to empowerment. Prisoners cannot be empowered if they do not have opportunities to participate or do not have recourse to hold authority to account. HMIPS would expect prisoners to understand their rights and be fully supported in utilising them.

Information provision was good around the prison, with up-to-date noticeboards and prison rules available in all areas. The in-cell kiosks allowed access to the Email a Prisoner Scheme 24 hours a day. This freedom to communicate with friends, family and staff at a time of their choosing was empowering and was a welcome step forward. Menu choices, work party applications and short programme attendance options added to the benefits of the kiosks, and future plans included delivery of in-cell learning and the potential of a text messaging system. The establishment should take steps to ensure all prisoners feel able to use this system and are confident in the technology. It is, however, a good step forward and we encourage its use.



**Good Practice 2:** The in-cell kiosks allowed access to the Email a Prisoner Scheme 24 hours a day, supported effective and empowering admission processes, and has the potential to encourage selflearning and development.

**Legality: “Approaches should be grounded in the legal rights that are set out in domestic and international laws”**

The findings of this inspection raise serious concerns around potential violations of rights arising, or likely to arise if the situation continues as is.

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law. It is important that all categories of prisoners enjoy the full range of human rights, and that staff are adequately supported. Inspectors have identified areas where they believe further action is required, in particular to ensure that more marginalised prisoners do not fall through the gap.

The realisation of human rights is facilitated in practice by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights in practice. A human rights-based framework is concerned with anticipating areas of prison life where problems are likely to arise, responding to prisoners needs as they are raised and building in monitoring mechanisms to ensure systems are improved through experience.



## Summary of Inspection Findings

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**Standard 1 Lawful and Transparent Custody**Satisfactory

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**Standard 2 Decency**Poor

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**Standard 3 Personal Safety**Poor

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**Standard 4 Effective, Courteous and Humane Exercise of Authority**Satisfactory

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**Standard 5 Respect, Autonomy and Protection against Mistreatment**Generally Acceptable

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**Standard 6 Purposeful Activity**Generally Acceptable

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**Standard 7 Transitions from Custody to Life in the Community**Generally Acceptable

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**Standard 8 Organisational Effectiveness**Generally Acceptable

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**Standard 9 Health and Wellbeing**Poor

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## Standards, Commentary and Quality Indicators

### Standard 1 – Lawful and Transparent Custody

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

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

#### Inspection Findings Overall Rating: Satisfactory

##### Overview

In this standard, one QI was rated as good and the other eight were rated as satisfactory, giving an overall performance rating of satisfactory. There were two examples of good practice and no recommendations for improvement.

The prison performed competently against this whole standard, with solid effective admission, induction and liberation processes. There was studious attention to detail regarding checking of all warrants and paperwork associated with admissions, transfers and liberations while ensuring processes were still carried out in a friendly and respectful manner. The reception and induction staff deserve praise for the empathetic way in which they conducted proceedings while maintaining control and processing admissions and transfers as speedily as they could. This task was not made any easier by uncertainties around the time at which GEOAmey prison transport would arrive, which sometimes led to prisoners having to be held in holding areas within the reception for longer than desirable. The prison did their best to minimise that and took steps to ensure that prisoners held there received drinks and snacks at appropriate times.

All staff working in reception dressed less formally in polo shirts. Although they were easily identifiable as officers it served to alleviate initial barriers and new admissions to prison responded well to the less formal dress.

##### Encouraging observations

- The use of new technology and Insiders to support the admission and induction process was impressive and highly commendable.
- Splitting the induction programme into several different sessions helped with understanding, and the induction team were effective in putting the material across in a way prisoners could understand and engage with.
- Staff working in reception dressing less formally to alleviate initial barriers for new admissions.



## HMIPS Standard 1

### Lawful and Transparent Custody – Continued

#### Emerging concerns

- A minor concern was the relatively limited experience of the warrants team, and the need to ensure more senior staff were trained to signoff paperwork associated with liberations, but action was already in hand to address these issues.



## Standard 2 – Decency

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

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

### Inspection Findings

#### Overall Rating: Poor

In this standard, two QIs were rated as poor, three were rated as generally acceptable, and one as satisfactory giving an overall rating of a poor performance. There were 14 recommendations for improvement.

Structurally, the prison was found to be in good condition with buildings fit for purpose. It was observed that some painting was underway in the prison, but some minor acts of graffiti were found in many of the cells with the paint on many cell walls and bedframes requiring to be refreshed.

Early in 2022 the prison implemented 'MAXIMO' as the online system used to manage the general maintenance and planned preventative maintenance of the prison. Staff had not been sufficiently trained in the use of this system to allow it to be used effectively and therefore it was not efficient. Inspectors therefore did not have confidence in the provision of figures and status of jobs provided to them by staff.

The residential halls were generally found to have poor levels of cleanliness throughout. The HMP Addiewell residential passmen duties and expectations document was shown to inspectors along with the hall cleaning schedules. It was clear that despite some schedules being documented as completed the work had not been done and had not been done for some time prior to the inspection. Examples were stubborn stains and general debris on the stairs and landings, dirty dining tables and chairs, dirt and dust on top of telephone kiosk covers and a clear absence of essential cleaning equipment.

HMP Addiewell carried out a monthly "Soft Services Living Standards Audit Check" by maintenance staff on every wing. This documented checks against structural integrity, cleanliness, cleaning schedules, vacant cell checks, laundry facilities and maintenance issues. The results of the checks carried out in September and October 2022 in respect of cleanliness and cleaning schedules were viewed by inspectors, and it was seen that there was a 75% failure rate across all the wings with a 94% failure rate over two months on one particular wing.

## HMIPS Standard 2

### Decency – Continued

The store cupboards on some wings held ample amounts of individual items such as toothpaste, toothbrushes, soap, shampoo and shaving equipment but some wings held nothing at all. Staff informed inspectors that they would obtain items from other wings if required, but it was clear there was not an even distribution of hygiene materials and as such prisoners reported that they were not readily available to them.

All cells within the prison had showers and toilets, therefore prisoners were free to use them whenever they pleased. All inspected were found to be in good condition and working order. The washing and showering facilities in the accessible cells were of a wet room construction and fit for purpose with plenty of space and access points but most were not clean, with peeling silicone sealant and mould visible in some corners.

Each wing had its own laundry room with washing machine and tumble drier. Prisoners could launder their personal clothing whenever they wanted through a dedicated laundry passmen who worked six days a week. The washing facilities could also be used by prisoners on day seven allowing continual daily access. This process was enjoyed by prisoners and meant that very few items of personal clothing were lost or damaged.

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

HMP Addiewell had a fit for purpose kitchen with sufficient storage, preparation and serving space. All foodstuffs used in the preparation of prisoner's meals were found to be stored in proper conditions and at the correct temperature, all ingredients were found to be in date and of good quality. All meat purchased by the prison was Halal and was seen to be prepared in a separate area of the kitchen to prevent cross-contamination.

The inspectors examined the daily menu choices and found that generally breakfast provided around 300 kcals, lunch around 400/600 kcals and dinner 700/800 kcals, with additional bread and canteen options also available on each hall. The recommended daily intake for an adult of around 2000 kcals a day could be easily met. It was seen that through choice, a prisoner could exceed their daily kcal intake by making poor and unhealthy meal choices but could also meet this intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, this was deemed to be satisfactory.

## HMIPS Standard 2 Decency – Continued

### Encouraging observations

- Inspectors were advised by staff that a new online food management system called “Drive” was in the process of being implemented in the prison. This platform was owned and operated by Sodexo, and inspectors were informed that it would allow the company to better manage their food delivery service by developing standardised menus and recipes that had been researched, vetted and also complied with daily nutritional requirements. It will be good to see how this new system will be used and if it will improve the provision and quality of food for prisoners in HMP Addiewell.

### Emerging Concerns

- The ‘MAXIMO’ system was not fully implemented to allow it to effectively manage the prisons maintenance programme.
- Whilst some painting was taking place in non-residential areas, the painting work party responsible for painting the residential areas was dormant due to staff sickness.
- The wings were not cleaned to the required standards and cleaning records were not robustly monitored and recorded.
- Tool inventories were inaccurate and did not document the actual tools that were present on the halls at the time of the checks.
- Storage and cleaning cupboards were unlocked, and staff did not manage the distribution of items or equipment.
- There was not a robust process in place to address the findings from the Soft Services Living Standards Audit Check.
- Cold food was not temperature controlled and was placed on the hotplate.
- Not all lunch trollies were fit for purpose and able to safely carry both hot and cold food.
- No training was provided to pantry staff in respect of food portion sizes.

### Standard 3 – Personal Safety

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

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

#### Inspection Findings Overall Rating: Poor

In this standard, one QI was rated as satisfactory performance, five were rated as generally acceptable performance and one was rated as poor performance. Although only one QI was rated as poor, Inspectors concerns about safety were such that we deem the overall performance to be poor. There were two examples of good practice and eight recommendations for improvement.

Whilst the processes in place to investigate and manage incidents were generally positive, the overwhelming feedback from prisoners, staff and the observations of inspectors for the duration of the inspection was that there were significant concerns about safety levels within HMP Addiewell. The preinspection survey indicated that 32% of prisoners reported that they rarely or never felt safe with 38% reporting that they felt safe some of the time. The staffing levels, recruitment issues, level of inexperience in residential areas and the terms of the contract meant that it was an establishment where the potential, likelihood and opportunity of violence was high.

As per the 2018 inspection, significant concerns were raised when prisoners of different classifications were held in the same hall and moved at the same time.

HMP Addiewell dealt positively with those who presented as at risk and ensured that there were separate processes in place for those who self-harm as a coping mechanism and those at risk. The engagement of staff with the process was positive and prisoners were supported well. However, there were a number of auditable issues with the completion of the electronic and paperwork side of the process, which should be carried out to ensure compliance.

There were supports in place for those at heightened risk of harm, and processes in place to locate them where they would have access to as full a regime as possible. However, there was significant pressure on these spaces, and it could take time for prisoners to be moved into these areas.

## HMIPS Standard 3

### Personal Safety – Continued

Both the Anti-Violence and Anti-Bullying Strategy were in the early stages of being relaunched and reinvigorated; this was welcomed by HMIPS, as the pre-inspection survey reported that 43% of the respondents reported some type of abuse, bullying, assaults or threats by other prisoners. However, the management of incidents of this nature was the central component of the establishment's weekly Safer Custody Meeting, which looked at all significant incidents that had occurred. The multidisciplinary meeting tackled both the operational issues that arose and utilised the skills of partners and non-operational colleagues to identify and tackle the root causes of behaviours.

For those who were victims of bullying and violence, there was a restorative approach in place which allowed them to be part of challenging the behaviours against them. This was facilitated by both staff and prisoners on a formal or informal basis, depending on the nature of the issue.

The incident response process was understood across the establishment, with responsibility for allocation sitting with the operations SPCO. Staff were provided with the appropriate equipment and infrastructure to respond to any incidents.

A safety and risk manager was in role and managed the process locally with national support from Sodexo's corporate model.

#### Encouraging observations

- Using a multidisciplinary approach at the weekly Safer Custody Meeting meant significant incidents were not just managed from an operational perspective but could lead to positive outcomes and interventions.
- The victim-centred restorative approach was a positive approach to managing issues.

#### Emerging concerns

- The staffing levels within the establishment.
- The distribution of population cohorts within the establishment.
- Decisions being taken from a contract compliance perspective rather than a safety point of view.
- Incorrect/outdated TTM paperwork used in some areas and a lack of auditing the books for quality evidence.

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

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

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

**Inspection Findings****Overall Rating: Satisfactory**

In this standard, three QIs were rated as generally acceptable, six were rated as satisfactory and one was rated as good performance. There were three recommendations for improvement.

There are some positive instances of practice, especially with regards to the oversight of all searching compliances. The Security Unit had a good grasp of what was required to ensure searching targets were met.

There was good CCTV coverage throughout the establishment, and this was supported by body-worn vest cameras worn by operational staff. The footage was used when reviewing violent incidents and removals at the weekly use of force (UOF) meeting. This was a good forum to discuss incidents as well as look at good or negative behaviours from staff.

The management of Rule 95 and orderly room processes were of a good standard, and the SRU also had individual management plans for its prisoners, as well as the added advantage of the use of in-cell telephones and kiosk systems.

Even though HMP Addiewell did not have a dedicated Mandatory Drug Testing (MDT) staff group, they still managed to complete a number of drug tests to support the progression and case work of Order of Lifelong Restriction (OLR) processes.

HMP Addiewell had a large reception with plenty of space for storage of property. There appeared to be property issues that require further investigation.

**Encouraging observations**

- SRU prisoners being able to access the main gymnasium as part of their management plan, as well as having access to the kiosk system whilst held in SRU.
- The Security Team had a very good system in place to ensure all searching guidelines are met.
- The use of body-worn vest cameras.

**Emerging concerns**

- The issues around missing property and outstanding property claims.



### 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.**

#### Overall Rating: Generally Acceptable

Two QIs were rated as satisfactory, three were rated as generally acceptable and three were rated as poor. There were 14 recommendations for improvement.

In relation to sharing critical information between prisoners and their families, there was guidance available to inform staff of the process for notifying family/friends if a prisoner became seriously ill or was admitted to hospital, and what consultation should take place with the prisoner. However, there did not appear to be any guidance in place for the reverse, when having to share critical information from family/friends to a prisoner, but staff spoken to were aware of the process.

Staff/prisoner relationships were a huge area of concern in relation to both staff and prisoners using inappropriate language, and secondly observed poor behaviour of prisoners going unchallenged. The root cause of this appeared to be that over 50% of residential staff had less than two years' experience, so they were lacking the knowledge and skills that a more experienced staff group brings. There was also a lack of staff on the residential halls, with only two per hall managing a group of around 60/70 prisoners, who were unlocked most of the day. This may be more workable with an experienced staff group, but it meant that staff were not patrolling the halls and poor behaviour was going unchallenged. At the time of the inspection, staff were being redeployed on a daily basis and were often unfamiliar with the prisoners and the hall regime. Senior staff need to be visible and present on the halls supporting the Prison Custody Officers (PCO) and interacting with prisoners, as both staff and prisoners reported feeling unsafe due to the inexperience of the workforce. A more stable and consistent workforce is also required in the halls to allow relationships to develop.

All staff working in Douglas B dressed less formally in polo shirts. Although they were easily identifiable as officers it served to alleviate initial barriers and new admissions to prison responded well to the less formal dress.



## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

Generally, prisoners' rights to confidentiality and privacy were respected by staff. As reported in QI 2.1, HMP Addiewell need to ensure the safes in the double cells are in working order. A review of the mail opening procedure is also required, although this did not directly relate to confidentiality and privacy.

Another significant area of concern was around the regime being offered. The regime was displayed on the halls and kiosk and understood by staff and prisoners. However, there were issues around time management and the route regularly ran late. There were a number of causes, including inadequate time being allocated to tasks, not allowing enough time for staff and prisoners to move location at key times, and clashes in the timetable which meant fresh air, mealtimes and medication clashed.

Activities were also often cancelled due to staffing shortages in the residential halls.

There were three wings holding a mix of short-term, long-term and remand prisoners, making it difficult for the staff to deliver more than one regime. However, the main concern was Douglas B which was highlighted in the previous inspection report. It was now designated as an Early Days in Custody Wing but, in reality, it had a handful of new admissions, mainstream prisoners including prisoners on rules, and a large number of protection prisoners, but the regime was structured towards the mainstream prisoners. Staff were trying to deliver up to five different regimes alongside their early days in custody work and general duties.

The protection prisoners had recently been given a new regime, but it was not equivalent to that offered to mainstream prisoners and did not meet the contractual requirement of 12 hours out of cell. Neither prisoners nor staff were consulted about the new regime, and it was clearly causing safety issues with mainstream and protection prisoners moving about the hall at the same time.

HMP Addiewell need to review the regime for the prison, and Douglas B in particular, in consultation with staff and prisoners to ensure adequate time is allocated to each task, sufficient time for people to move location is provided and a workable and equitable regime for protection prisoners on Douglas B is delivered.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

Information was shared with all prisoners in HMP Addiewell via the kiosk system, and noticeboards were up to date and accurate. Fifty-three percent of prisoners said in our pre-inspection survey that they were not asked for their opinions on issues. Prisoner forums had only just restarted and were scheduled to take place every three weeks. Inspectors observed one of the meetings and it was well run, with prisoners able to raise issues and good honest explanations being provided for what could and could not be changed. Minutes were shared with the SMT, and feedback was provided to prisoners on the kiosk.

Expenditure from the common good fund needs to be added to future agendas and information about the forums needs to be added to the admission and induction material. It is too soon to say they are effective, but we will ask our IPMs to monitor its implementation and effectiveness.

Prisoners had access to information necessary to safeguard themselves against mistreatment. Including access to legal advice, the courts, and diplomatic services.

Prisoners at HMP Addiewell lacked confidence in the complaints system, with comments that they went missing, the system worked badly, and responses were poor. Prior to the inspection, work had recently been undertaken to improve the process. Complaints forms and secure boxes were freely available on the halls and two fulltime SPCOs had been allocated to responding to complaints. The complaints sampled met the required standard. However, there were a high number of complaints, with over 500 received in the last six months with only six outstanding.

The number of PCF1s had dropped by a third since July 2022, but PCF2s had risen by over 60%. Many of the complaints appeared to be of a trivial nature that could easily have been resolved by prisoners seeking assistance from PCOs on the halls.

Prisoners told inspectors that the lack of experience amongst the staff group meant they were having to resort to submitting a PCF1 to get a response to straightforward queries. The most common complaint related to property. The prison should identify the common issues and carry out a review to help reduce the number of complaints.

The visitors' complaints system required to be reviewed to make it accessible and confidential. Following the last inspection, HMIPS recommended that the complaints process should be managed via the kiosk, and this is still our view. It would make the process more efficient and dispel accusations that complaints forms go missing. The Director informed the inspection team that he was in early discussions with the SPS to arrange for this to happen.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

The IPM system appeared to work well and was well used by prisoners. IPMs had recently been allocated to particular halls within the prison as opposed to being asked to monitor anywhere in the prison, which we hope will improve the service and awareness provided. The inspection findings very much correlated with the findings from IPMs.

#### Encouraging observations

- The recent reintroduction of prisoner forums.
- The steps taken to make the complaints process more efficient.
- Complaints were up to date.

#### Emerging concerns

- The instability, inexperience, and low levels of staff on the residential halls.
- The mail opening process leaving only one member of staff on the hall, mail not being dealt with on a daily basis and significant delays following mail being sent to security to be tested.
- The prison regime not allowing sufficient time for each task or for staff and prisoners to move location safely.
- The lack of an equitable regime for protection prisoners on Douglas B.
- NHS not attending prisoner forums.
- The lack of confidence in the complaints system and accusations that complaints go missing.
- Visitor complaints forms were not accessible and the process for submitting them was not confidential.

## 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.**

### Overall Rating: Generally Acceptable Overview

In this standard, one QI was rated as good performance, two were rated as satisfactory performance, ten were rated as generally acceptable performance and two were rated as poor performance. There were nine examples of good practice, and 30 recommendations for improvement.

There was a limited range of employment and training opportunities on offer to the prisoners. These included cleaning, catering, garden maintenance, painting and decorating, and cookery. The number of opportunities on offer aligned closely with the current level of prisoner requests. The offer for protection prisoners had only very recently been extended to reflect the proportion of the prisoner population more accurately. The overall offer took good account of the interests and needs of short and long-term prisoners, whose interests may differ. Working relationships between the staff and prisoners attending the employment opportunities were supportive and respectful. Assignments to work parties was done promptly and fairly, although feedback on progress should be communicated in all instances to the prisoners concerned. Accreditation in areas such as painting, and decorating should be reinstated to get the best from the experience.

There was a limited range of good quality educational opportunities on offer. Popular programmes such as computing, art, and music were well attended. In most other classes, attendance was low, often having half or more of the available spaces unfilled. There were purposeful and positive working relationships between prisoners and staff, and the quality of teaching was good or very good in classes. There was also a relatively high number of cancelled classes. Many of the residential staff were not fully aware of educational opportunities, or their role in actively encouraging prisoner participation. There were short waiting lists for almost all educational programmes, so requests were dealt with promptly. Prisoners were consulted formally and informally on the provision, and as a result topics and programmes such as astronomy had been added into the portfolio. The 3hr 15m sessions were too long and not conducive to good education, and limited mitigation was in place to split this time. Accreditation in computing was not in place because of IT issues, which should be addressed. The Prisoner Education Programme, linking with an international university, brought expertise and course options into the prison that were imaginative, appropriate, and effective.

## HMIPS Standard 6

### Purposeful Activity – Continued

Reported Purposeful Activity (PA) figures represented the number of PA hours made available to prisoners rather than the hours of activity prisoners actually engaged in. This rendered the reported figures incomparable with the rest of the prison estate and gave no indication of how many prisoners were actively engaging with purposeful activity.

The prison offered a limited but adequate range of physical and health educational opportunities and these were available to all prison populations. There was scope to increase the range of organised activities and events to motivate and encourage engagement and to enhance participation levels. The gym was reasonably well-attended, and prisoners were highly engaged in developing their own individual fitness levels. All prisoners had the opportunity to complete a health education programme, and it was a popular choice. Within the gym, there were no opportunities for prisoners to complete accredited physical education courses. The current regime and timing of the route movements had limited the number of prisoners using the gym each day. Sessions often started later than planned. Prisoners were not routinely consulted about the range of physical and health education opportunities.

Prisoners had access to a well-stocked library, including an appropriate mix of fiction and non-fiction titles. Books included a selection in languages other than English, easy to read titles, a self-help section, and a few graphic novels. The addition of the request service to the Prisoner Information and Communication System (PICS) had recently resulted in an increase for easy read books, helpfully supporting those prisoners with literacy needs. Levels of activity in the library were low, and there was a need to promote the library offer further to all staff and prisoners, including a stronger approach to induction, to encourage increased participation. There were limited cultural and thematic events and activities throughout the year through education, training, Chaplaincy and the library. However, the impact of the work of the Chaplaincy in supporting prisoners through bereavement, addiction and mental health issues was making a positive impact. More cultural events and themed activities were required throughout the year to motivate prisoners and educate them around the more inclusive and diverse community they will return to.

All prisoners were offered 60 minutes of fresh air; however, the timing of this clashed with other elements of the regime. Protection prisoners (offence and nonoffence protection prisoners form one cohort) were not always aware of which session they would be offered, and many reported that they chose not to go outside due to the level of verbal abuse they encountered. There was no provision of waterproof jackets for outdoor exercise, despite the poor weather conditions. Staff stated that prisoners were entitled to ponchos, however there were none available for issue.

## HMIPS Standard 6

### Purposeful Activity – Continued

Prisoners were assisted in their religious observances and a broad range of services and events were made available. The Chaplaincy team ensured specific religious texts and faith items were made available to those who requested them, and the Sycamore Tree course and Recovery Café were good examples of pastoral care being available to all.

The Family Centre run by the Cyrenians was a good example of a welcoming and supportive environment for visitors. The supervised play area ran by the team was well stocked and clean, and the events they had organised were innovative and well received. The format of the parenting class ensured bespoke learning could take place for mums and dads, and the additional family visit allowed the learning to be put into practice.

The rules surrounding items permitted in the Visit Room were inconsistently applied. At times families waited more than 45 minutes to start their visit with little communication from the staff in the room. The reintroduction of a FCO would improve relationships between the visitors and Sodexo staff and improve awareness of alternative visit options.

The virtual visit system worked well, but sessions were cut short on occasion due to delays in escorting processes. Visitors who were banned from face-to-face visits could maintain contact through the virtual visit platform, and closed visits were offered to those who had forgotten their ID or had been indicated by the search dog.

There was a good range of opportunity to engage in accredited programmes, however deselection rates were significantly higher than comparable establishments and this needs to be addressed. In the absence of a personal officer scheme, case managers were tasked with ownership of an unmanageably large number of cases.

The Generic Programmes Assessment (GPA) used was out of date and caused an anomaly in short-term prisoners' progression pathways.

MultiAgency Public Protection Arrangements (MAPPA) principles were followed, but out with the case management team very few Sodexo staff had an awareness of risk management processes. There was no personal officer identified for MAPPA nominals.

## HMIPS Standard 6

### Purposeful Activity – Continued

#### Encouraging observations

- The Learning Academy had extended the options and expertise available to prisoners through working with a university on the Prisoner Education Programme, bringing an improved range of options, and supporting appropriate remote delivery.
- Within the Learning Academy, good quality delivery and supportive and purposeful working relationships create a relaxed, safe and effective learning environment.
- The Chaplaincy run Sycamore Tree course and Recovery Café were good examples of pastoral care being available to all.
- The range of useful support activities offered by the Chaplaincy team was having a positive impact on the wellbeing of several prisoners.
- Trauma-informed Cyrenians support workers attended all family sessions facilitating play and offering support to families and prisoners.
- Parenting classes were delivered to mums and dads separately and included an additional visit.
- Prisoners had 24-hour access to in-cell telephones and the Email a Prisoner Scheme.

#### Emerging concerns

- Accreditation was not available in employment where formal work training to national standards is in place, in particular, in painting and decorating.
- There was no feedback mechanism from the Board handling employment requests, resulting in prisoners not being fully informed of the status of their employment request.
- There was no accreditation in areas such as computing being provided where work is being delivered to a national standard.
- There was a lack of engagement between education and residential staff in promoting the education offered to prisoners that would encourage more participation.
- The 3hr 15m session timing is not conducive to good quality learning.
- There was scope to increase the range of organised activities and events to motivate and encourage engagement and to enhance participation levels.
- There was insufficient information available to staff and prisoners on what the library could offer; a stronger approach to induction could encourage increased participation.
- Offers of cultural, thematic events and activities were not at a level that would encourage prisoner participation.
- The scheduling in the regime timetable meant that the movement of residents from time in the open air inevitably bled into the time available for the evening meal. NHS have also scheduled their evening medication dispensary over this time frame.



## HMIPS Standard 6 Purposeful Activity – Continued

- Visitors were made to wait a significant length of time before prisoners arrived in the Visit Room.
- Virtual visits were cut short due to the length of time taken to escort the prisoner to the room.
- Prisoners on protection had no access to a Reformed church service.
- Prisoners were limited in their access to purposeful activity opportunities due to the rules of the allocation process.
- A high number of individuals were deselected from accredited programmes.
- The purposeful activity hours reported related to activity that was offered, not activity that was taken inhibiting comparison.
- The high number of issues reported in relation to case management processes.
- The absence of a personal officer scheme.
- The GPA version two had not been rolled out. This led to an outdated progression process being used for short-term prisoners.





**Standard 7 – Transitions from custody to life in the community**

Prisoners are prepared for their successful return to the community.

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

**Overall rating: Generally Acceptable**

In this standard, one QI was rated as satisfactory, four were rated as generally acceptable, giving an overall rating of generally acceptable. There were two examples of good practice and five recommendations for improvement.

There was a strong commitment from all agencies coming into the prison to work together to support successful transitions back to the community. The resumption of multi-agency liberation meetings was at a very early stage. There were some strong partnerships with agencies already in place but there was a need for a coherent multi-agency strategy to prioritise the integration needs of individuals.

HMP Addiewell was adequately delivering the enhanced ICM process for statutory prisoners. This was supported well by staff from respective PBSW and Psychology Teams. Case management for all prisoners was delivered by a small group of case managers. Prisoners had a mixed experience of contact with case managers. Where the views of health professionals would have been helpful within case conferences there was little evidence of their contribution.

Access to a rolling timetable of accredited programmes delivered within HMP Addiewell was well managed. Some prisoners were frustrated about the lack of access to national programmes, contributing to delays in progression. The Programmes Team were effectively coordinating and delivering 'recovery' groups in the prison. Family support agencies reported a strong shared commitment to improving the experience of families visiting the prison and the support prisoners receive to sustain family relationships.

Some short-term prisoners were effectively taking a central role in plans for release. All agencies were reporting negatively on housing outcomes for individuals leaving HMP Addiewell.

The prison was not offering any services to prisoners after their release. Several external services were providing a routine presence in the prison to build relationships with prisoners to support the transition from custody to the community.

## HMIPS Standard 7

### Transitions from custody to life in the community – Continued

#### Encouraging observations

- Strong partnerships with local partners had embedded the use of recovery groups to support prisoners with addiction issues.
- North Lanarkshire Bridges Project was reporting positive outcomes for the prisoners they are supporting transitioning from custody to the community.
- PBSW and psychology services were ensuring that case conferences were informed by up-to-date assessments. Community Based Social Work services were consistently attending ICMs and were working in partnership with prison-based colleagues in the development of prerelease plans.

#### Emerging concerns

- Multi-agency liberation meetings had only just been restarted and membership was limited.
- Prisoners had a mixed experience of planning for release and contact with case managers.
- Health professionals were not adequately represented at RMT and other case planning meetings.
- Promoting the meaningful participation of prisoners in meetings was underdeveloped.

## Standard 8 – Organisational Effectiveness

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

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

### Inspection Findings

#### Overall Rating: Generally Acceptable

In this standard, two QIs were rated as satisfactory performance, five were rated as generally acceptable performance, giving an overall rating of generally acceptable. There were no examples of good practice and six recommendations for improvement.

Although work on E&D had paused for a prolonged period, it had been reinvigorated recently, supported by a senior manager and a large team of E&D Ambassadors, both from the staffing group and the prisoner population that encouraged a more inclusive approach. Although the prison demonstrated a vigorous mechanism for E&D representation and engagement there was still space to improve in the organisational support. Whilst some ad hoc training had been delivered in the E&D complaints system, the Inspectorate would expect to see robust and continuous training provided by the establishment. It was pleasing to report that E&D meetings had also recently been incorporated into the wider prisoner forum but would benefit from holding a separate E&D forum.

There was no doubt that the lack of experienced staff referred to throughout this report had affected the operational effectiveness of HMP Addiewell. The constant recruitment due to poor retention had not allowed HMP Addiewell to mature at the rate it should have since it opened 14 years ago. The current Director had successfully increased the staffing compliment and raised the salary, but experienced staff continue to leave. Employing a staff mentor and the development of their Recruitment and Retention Strategy, which included staff development, will hopefully improve this situation.

As a private prison, HMP Addiewell is held to account by the SPS who check daily on compliance with the contract. Although there appeared to be a good process to track issues through a joint action plan between the controllers and HMP Addiewell, a way of focusing on timescales needs to be identified. The HMIPS recommendations tracker required more work, and the introduction of a new process by the Inspectorate should assist the prison to take the appropriate action against each of our recommendations, some of which will be a repeat of the 2018 inspection report.

## HMIPS Standard 8

### Organisational Effectiveness – Continued

The completion of staff appraisals was poor, but a new process had been introduced. An additional check in January 2023 identified that staff appraisals had been completed.

During the inspection it was noted that staff were often seen carrying out more than one role in a shift. This was not conducive to relationship building with prisoners and learning their role. Staff often reported that they would have liked more support while carrying out their job. Bringing in a mentor will hopefully improve the situation with regards to offering staff more support and guidance.

Although there was a communications process in place within the prison, unfortunately where messages were conveyed via Email it was lost due to staff not having the time to read them.

It is HMIPS's view that staff retention is key to improving HMP Addiewell's function.

#### Emerging concerns

- Although the E&D Strategy had become more inclusive than in previous inspections there is still a requirement to for a stronger more focussed institutional support.
- The process by which E&D complaints are dealt with was concerning due to forms not being readily available along with a lack of knowledge by staff in the use of them; however, this was no different to other prisons within the estate.
- The joint action plan between the SPS controllers and HMP Addiewell was not up to date, and actions were inaccurate.
- The HMIPS action was not up to date.
- The completion of staff appraisals was poor.
- Staff retention resulting in a lack of knowledge and skills was affecting the good running of the establishment.
- Five out of the seven mandatory competencies were under the required levels.

#### Encouraging observations

- Although there had been an increase in the staffing group and salary, retention was still an issue.
- HMP Addiewell worked with several outside agencies to support those returning to as well as helping those living in crisis in the community.

**Standard 9 – Health and Wellbeing****HMP Addiewell inspection 14–16 November 2022**

**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.**

**How we carried out the inspection**

We asked NHS Lothian staff at HMP Addiewell to complete a revised self-evaluation tool regarding healthcare provision. HIS held a teleconference in advance of the inspection with the healthcare staff to discuss the completed self-evaluation to help inform the key lines of enquiry for the inspection.

During the inspection, three inspectors spoke with members of staff; looked at the care environment within the Health Centre, the provision in residential areas to administer medications, the provision and suitability of accessible accommodation and the area used for admissions. The inspection also included visiting the prison halls and SRU. Inspectors also reviewed the kiosk system in place with assistance from prisoners.

**Inspection Findings****Overall rating: Poor**

In this standard, two QIs were rated as satisfactory, nine were rated as generally acceptable, four were rated as poor, and one was rated as unacceptable giving an overall rating of poor. This grading is reflective of the significant and sustained pressures on staff and the detrimental impact on patients receiving care. This is not a reflection of the considerable efforts made by staff within HMP Addiewell or the Royal Edinburgh Hospital and Associated Services (REAS) senior management team to support the healthcare needs of patients in HMP Addiewell. There were eight examples of good practice and 46 recommendations for improvement.

Inspectors were significantly concerned that several areas of service delivery were compromised at the time of inspection, impacting on patient safety. This was escalated to the Healthcare Manager and Clinical Services Manager at HMP Addiewell and General Manager, REAS. HMIPS also formally escalated these concerns to the NHS Chief Executive and the HMP Addiewell Director. HMIPS has formally requested an action plan is submitted by REAS and NHS Lothian to address the concerns raised. This will be reviewed, and the progress of these actions will be reviewed by inspectors. A follow-up assurance visit is planned for July 2023.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Escalation

During the inspection, our inspection team identified significant staffing issues within the Mental Health and Addictions team who were operating at approximately 50% capacity. This was having direct impact on service delivery as detailed below:

- 145 patients had submitted referrals to mental health and addiction services, with a patient waiting 13 weeks for a consultation. Patients were consistently unable to have face-to-face consultations.
- No consistent approach in patients waiting to be seen for an assessment (one day allocated per week but not being utilised due to staffing shortages). The longest wait was six months for assessment.
- No regular mental health clinics for patients were being held.
- A lack of risk assessments and care plans in place.
- No consistent approach to how mental health and addictions patients were being managed and no clear processes to case allocation and management.
- No multidisciplinary team meetings were taking place and no formalised processes in place to discuss patients.
- Challenges with operational leadership.

### Primary care

Primary care was delivered predominately using a nurse led model, with Advanced Nurse Practitioners (ANPs). A GP provided medical cover in the prison once a week.

The ANP in HMP Addiewell was supported by the Primary Care Team. New arrivals to HMP Addiewell were reviewed by the ANP the day after admission, where required.

HMP Addiewell operates an opt-in self-referral system for prisoners wishing to access healthcare. Patients could access a range of healthcare services, using the electronic kiosk system. The kiosk system was available in the residential areas and was in the process of becoming available in cells. Patients could access requests for podiatry, optician, and physiotherapy services through the kiosk. However, patients on remand could not access a referral to an optician. All primary healthcare referrals were triaged daily by the ANP and allocated to the appropriate service.

The pharmacy service within HMP Addiewell was under review and there were several vacancies. Lloyds Pharmacy hold the national prison contract. As part of this contract, they were committed to provide weekly input into the pharmacy service within HMP Addiewell. However, due to national issues, pharmacist input over the last two months had been restricted to telephone queries by staff, with no onsite visits by the pharmacist. NHS Lothian's lead pharmacist provided clinical oversight for substance use services.

## HMIPS Standard 9

### Health and Wellbeing – Continued

Inspectors observed positive and supportive interactions with patients during medicines administration and records were accurately completed. Controlled drug registers were reviewed, and it was noted there were several episodes of inaccuracy. All patients who required in-possession medication had access to safe storage in their cell.

#### **Mental Health**

Several areas of service delivery were compromised at the time of inspection, impacting on patient safety (referenced in escalation). The team had several vacancies and staff absences resulting in approximately 50% deficit across the team. Vacancies were being advertised and some shifts were being covered by agency staff.

Patients could self-refer to the Mental Health Team through the kiosk system. Patients would then be booked into a triage clinic to determine a suitable outcome of referral but due to staff shortages, the clinics were inconsistently running. For patients triaged and requiring further mental health assessment a validated assessment tool was available. The Mental Health and Addictions Team had one day a week allocated to undertake assessments; however, due to short staffing, these were not consistently taking place.

A system was in place for the management of care for patients of concern. However, there was no caseload management system to ensure there is oversight of all other patients receiving care from the Mental Health Team.

A consistent psychology provision was still available to patients despite staffing challenges. Psychological interventions were available in individual weekly appointments with a range of interventions available. Psychology had capacity to see more patients, but spaces were not filled due to challenges with identifying prison staff to escort.

Any patient requiring inpatient mental health care was assessed and transferred to hospital under the Mental Health Care and Treatment (Scotland) Act 2003 but there were no clear processes in place.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Substance Use

Individuals requiring support with drug and alcohol dependence were identified during their initial health assessment on admission or transfer to the prison. All new admissions with drug or alcohol dependence identified were seen by the trainee ANP and addictions worker the next day. A process was in place for patients who were receiving opiate substitution therapy (OST).

Significant concerns had been highlighted about the Mental Health and Addictions Team's deficit due to vacancies and staff absences. This had impacted on their capacity to consistently provide triages, assessments, treatment clinics and effective team working. As there was no formal caseload arrangements or clinics consistently running in the Mental Health and Addictions Team at the time of inspection, limited psychological interventions were accessible to patients. Inspectors reviewed patient care records but found no personalised care plans evident to support patient's needs. The team had been unable to consistently update the national drug and alcohol information system (DAISy) due to barriers with access and training. At the time of inspection, inspectors found 16 patients were waiting on an assessment and there was no clear management system indicating how long people had been waiting. Inspectors were made aware of a large number of UTI incidents of patients using new psychoactive substances (NPS) which had increased the work pressures for the healthcare team.

A robust system was in place for all patients due to be liberated to be offered a preliberation session covering harm reduction, naloxone training and basic life support training. A process was in place for informing court, community teams and pharmacies of patients on OST scripts due to be liberated.

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

Good systems and processes were in place at admission to identify patients with longterm conditions and complex needs. Patients were reviewed by the ANP and planning for longterm conditions was a priority. Electronic notes on the Vision system were comprehensive and care plans for those identified with complex needs were seen to be person-centred and outcome-focussed. Healthcare staff had good links with community services and St John's Hospital primary healthcare staff for advice and support. However, inspectors found there was no SOP in place describing these links. Although there were no patients requiring anticipatory care plans (ACPs) at the time of the inspection, staff were familiar with the use of this tool from previous experience.



## HMIPS Standard 9 Health and Wellbeing – Continued

### Infection, prevention and control

All areas where healthcare was delivered was in a good state of repair and were clean and ready for use. However, storage rooms used for cleaning products were found to be cluttered and inappropriate items stored, making it difficult for staff to access and there was a risk of contamination of cleaning equipment. Inspectors were concerned about the poor condition of the accessible cell accommodation, and this was raised with senior management during the inspection. Inspectors found the clinical equipment was clean and ready for use. However, they were concerned that there were no evidence of a rolling programme of standard infection control precautions (SICPS) audits and reporting in place within HMP Addiewell. Inspectors found variable practices with hand hygiene opportunities and the use of gloves. This was significant concern.

### Encouraging observations

- A foot care clinic was delivered by a healthcare worker, where they carried out nail cutting, removal of hard skin and assessed fungal infections. This allowed the podiatrist to focus on more specialist treatments such as nail removal.
- Welfare care plans had been introduced to provide prison staff with advice and actions to take for patients identified as requiring closer observation due to illness or injury.
- An established vaccination clinic was running for flu and COVID-19 vaccines and patients were made aware of this through the kiosk system. This was also supported by HMP Addiewell who would let the residential halls know when this was available.
- Longterm health condition information provided by the ANP supported patients to be aware of deteriorating signs in their pre-existing conditions and promote autonomy over their healthcare.
- The rollout of trauma-informed practice modules had started within the wider REAS team and will be available to all healthcare staff in the future.
- New admissions are orientated to the peer-support scheme within the prisons called The Listener Scheme.
- Literature developed by the ANP was provided to patients to manage longterm health conditions such as asthma, diabetes, and chronic obstructive pulmonary disease (COPD).
- A process was in place to collect data on patients requiring transfer to hospital. For example, in an emergency situation, this data is used for review and reflection with an emphasis on identifying training needs or support.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Emerging concerns

- REAS/NHS Lothian must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.
- SPS and HMP Addiewell must review the referral process on the kiosk system so that remand prisoners have the same access to opticians as convicted prisoners.
- REAS/NHS Lothian must develop a system to monitor missed healthcare appointments and the reasons for this.
- SPS/HMP Addiewell and GEOAmey must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance. Under the duty of candour, all patients who miss a secondary care must be informed of the reason why, and what actions will be taken to mitigate the risks to the patient as a result of this.
- SPS and HMP Addiewell must ensure that patients who refuse to attend healthcare appointments complete a refusal form and that this is forwarded to the healthcare team.
- REAS/NHS Lothian must improve visibility on information about how to access condoms and health promotion materials.
- REAS/NHS Lothian must ensure that healthcare teams must where achievable provide representation of the healthcare facilities available at new admission's inductions.
- REAS/NHS Lothian must ensure that individual care plans are in place for all patients receiving care from the addictions team.
- REAS/NHS Lothian must ensure continuity of care staff should be able to access and update the DAISy system.
- REAS/NHS Lothian must ensure there are established clinics where patients can access a range of evidence based psychological interventions to support with recovery from drug and or alcohol addictions.
- REAS/NHS Lothian must ensure that Multidisciplinary Team meetings are reestablished to ensure that patients are discussed (as referenced to in QI 9.5).
- REAS/NHS Lothian must re-establish a clinical pharmacy service that is accessible to patients.
- HMP Addiewell must support healthcare staff in the administration of medicines to avoid distraction and limit the risk of potential drug errors.
- REAS/NHS Lothian must address inaccuracies in record keeping without delay.
- REAS/NHS Lothian and HMP Addiewell must work together to establish an immediate solution to provide paracetamol safely in the out-of-hours period.

## HMIPS Standard 9

### Health and Wellbeing – Continued

#### Emerging concerns

- REAS and NHS Lothian must consider the reintroduction of the oral health promotion team to provide mouth matters advice to support the dental service and improve patients' outcomes.
- HMP Addiewell must work collaboratively with healthcare staff to provide an accessible reliable service for patients with additional care needs.
- HMP Addiewell must enable patients to post their own feedback forms for concerns and complaints into the locked post box; patients must be provided with envelopes if an officer is to do this, to maintain their right to confidentiality.
- REAS/NHS Lothian must ensure complaints forms are available in a range of alternative formats and languages to ensure all patients can provide feedback, raise concerns and complain.
- REAS/ NHS Lothian must ensure complaints are responded to as per the timeframes on the policy available to patients.
- REAS/ NHS Lothian must ensure all staff managing complaints receive training to ensure that all complaints are correctly managed.
- REAS/ NHS Lothian must ensure learning from complaints is discussed and shared with the healthcare team.
- HMP Addiewell and healthcare teams must work collaboratively to provide assurance over the safety of patients and all staff working in the prison.
- SPS and HMP Addiewell must address without delay the standard of cleanliness in accessible cells.
- HMP Addiewell must review the storage area where cleaning equipment is stored without delay and remove unsuitable items to reduce the risk of contamination of cleaning materials.
- Healthcare staff must consistently adhere to national guidelines in relation to uniforms to minimise the risk of transmission of infection.
- REAS and NHS Lothian must address non-compliances with face masks and ensure national guidelines are followed.
- REAS and NHS Lothian must reinstate regular auditing of standard infection prevention and control precautions with evidence of compliance and actions when non-compliance is identified.
- REAS and NHS Lothian must provide external oversight of the healthcare environment and staff adherence in HMP Addiewell to support staff with best practice in the reduction of the risks of transmission of infection.
- REAS/NHS Lothian must ensure all staff should have consistent inductions and regular appraisals to support wellbeing and development.
- REAS/NHS Lothian must restart healthcare staff meetings within HMP Addiewell to ensure staff are well informed and have a forum to raise and discuss any concerns in relation to the service.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Emerging concerns

- REAS/NHS Lothian must develop an out-of-hours on-call escalation process so that staff feel supported and have an identified contact they can speak with to raise any clinical or staffing issues.
- REAS/NHS Lothian should ensure the role of the lead nurse supports the operational management of healthcare at HMP Addiewell.
- REAS/NHS Lothian should ensure that the recommendations and associated action plan from the service review is shared with all staff in order to implement and prioritise recommendations on an agreed timescale.
- REAS/NHS Lothian should ensure that staff receive feedback from all DATIX incidents submitted.
- REAS/NHS Lothian should display complaints and compliments received so that staff are aware of patient's experience.

## Annex A

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### Summary of Recommendations

**Recommendation 1:** HMP Addiewell should provide lockable safes or storage boxes for occupants of double cells.

**Recommendation 2:** HMP Addiewell should ensure that staff are trained to use the 'MAXIMO' maintenance management system.

**Recommendation 3:** HMP Addiewell should ensure that the 'MAXIMO' system is fully implemented to allow it to effectively manage the prisons maintenance (both reactive and planned) programme.

**Recommendation 4:** HMP Addiewell should implement a programme for the painting of cells.

**Recommendation 5:** HMP Addiewell should ensure that all wings are cleaned to the required standards and cleaning records robustly monitored and recorded.

**Recommendation 6:** HMP Addiewell should ensure that tool inventories are accurate and document the actual tools that are present on the hall wings at the time of the checks.

**Recommendation 7:** Storage and cleaning cupboards should be locked at all times and staff should manage the distribution of items or equipment.

**Recommendation 8:** The Soft Services Living Standards Audit Check should be maintained but a robust process should be implemented to address its findings.

**Recommendation 9:** Storage boxes provided to each hall should be recovered and used to store bread in the pantries to improve hygiene.

**Recommendation 10:** HMP Addiewell should ensure that store cupboards are replenished and then kept locked on all wings, and staff manage the stock and distribution of items to prisoners (see related recommendation at 2.2 above).

**Recommendation 11:** HMP Addiewell should ensure sensitive laundry detergent is made available to prisoners via the canteen system.

**Recommendation 12:** HMP Addiewell should ensure that cold food is temperature controlled and not placed on the hotplate.

**Recommendation 13:** HMP Addiewell should provide lunch trollies that are fit for purpose and able to safely carry both hot and cold food.

**Recommendation 14:** HMP Addiewell should ensure training is provided to pantry staff in respect of food portion sizes.

**Recommendation 15:** Up-to-date TTM books should be used and fully completed. Consideration should be given to the introduction of an auditable secondary assurance process.

**Recommendation 16:** HMP Addiewell should clarify the definition of safer cells and ensure they are available for use by those in crisis.

**Recommendation 17:** Due to the potential risk of harm of those that fall under the protected characteristics, the DE&I Team should be represented at the Safer Custody meeting.

**Recommendation 18:** HMP Addiewell should review safe staffing levels within the establishment.

**Recommendation 19:** HMP Addiewell should ensure that clothing and towels are not hung on the upper floor railings blocking lines of sight.

**Recommendation 20:** HMP Addiewell should ensure protection and mainstream prisoners are kept separate during movement within the prison and contact minimised.

**Recommendation 21:** SPS and Sodexo should review the contract to ensure the contract does not inadvertently inhibit the safe and effective management of prisoners, in particular in relation to provisions around minimum periods out of cell.

**Recommendation 22:** HMP Addiewell should look for ways to increase utilisation of restorative practice as widely as possible within the establishment.

**Recommendation 23:** HMP Addiewell should identify the common issues with the handling of property within the establishment and carry out a review to help reduce the number of complaints received.

**Recommendation 24:** HMP Addiewell should ensure more staff are trained in drug testing and address the gaps in the existing testing regime.

**Recommendation 25:** The prison should more actively encourage all prisoners to move to their allocated activities to assist with maximising opportunities for purposeful activity.

**Recommendation 26:** HMP Addiewell should update their OPs to include guidance for staff on the process for passing critical information from friends/family to prisoners, and ensure staff are aware of the guidance.

**Recommendation 27:** HMP Addiewell must take action to provide a more stable and consistent workforce in the wings and increase the number of PCOs per hall.

**Recommendation 28:** HMP Addiewell need to look for ways to improve knowledge and skills amongst residential staff and offer the necessary support to staff at both PCO and SPCO level.

**Recommendation 29:** HMP Addiewell should review the mail opening process to ensure there is more than one member of staff left on the hall, that it is distributed daily and that there are not significant delays following mail being sent to security to be tested.

**Recommendation 30:** HMP Addiewell should review the regime, in consultation with staff and prisoners, to ensure there is adequate time allocated to each task and sufficient time for both staff and prisoners to move location safely.

**Recommendation 31:** HMP Addiewell should either introduce a workable and equitable regime for protection prisoners in Douglas B or segment the populations differently.

**Recommendation 32:** HMP Addiewell should consider how best to timeously brief their staff on changes to the regime.

**Recommendation 33:** NHS Lothian should try to ensure a member of their team attends future prisoner forum meetings.

**Recommendation 34:** HMP Addiewell should resurrect consultation with prisoners about the common good fund.

**Recommendation 35:** HMP Addiewell should update the admission and induction material to include information about prisoner forums.

**Recommendation 36:** HMP Addiewell should remove the remaining broken complaints boxes from the hub walls and ensure all staff and prisoners are aware of their new location.

**Recommendation 37:** HMP Addiewell should add the management of the complaints process to the kiosk system (carried forward from 2018 inspection) and in the interim advertise the complaints procedure on the kiosk so that prisoners understand the process.

**Recommendation 38:** HMP Addiewell should take action to increase the knowledge of the PCOs to allow them to resolve issues at the lowest level and therefore reduce the number of PCF1s.

**Recommendation 39:** HMP Addiewell should ensure VCF1s are readily available and install a secure box to allow visitors to make a complaint confidentially.

**Recommendation 40:** HMP Addiewell vocational training staff should ensure accreditation is available in employment where formal work training to national standards is in place, in particular, in painting and decorating.

**Recommendation 41:** HMP Addiewell should change the allocations process to allow prisoners access to more purposeful activity opportunities.

**Recommendation 42:** SPS HQ should revise the contract with Sodexo and request HMP Addiewell's figures for the purposeful activity delivered and actual prisoner participation rates rather than scheduled opportunities.

**Recommendation 43:** HMP Addiewell should ensure that prisoners are kept informed of the status of their employment request by attending the weekly assignment board.



**Recommendation 44:** HMP Addiewell should ensure that accreditation in areas such as computing are provided where work is being delivered to a national standard.

**Recommendation 45:** HMP Addiewell should promote the education offer further to residential staff and enlist their support in encouraging participation.

**Recommendation 46:** HMP Addiewell senior managers should split the three and a quarter hour session into separate shorter sessions so that prisoners can move between classes to maintain motivation, encourage participation and an improved learning experience.

**Recommendation 47:** HMP Addiewell should provide a greater range of events, team-based activities, competitions and opportunities for accreditation to motivate prisoners.

**Recommendation 48:** HMP Addiewell library staff should promote the library offer further to all staff and prisoners, including a stronger approach to induction, to encourage increased participation.

**Recommendation 49:** HMP Addiewell should develop a stronger offer of cultural and thematic events and activities throughout the year to further encourage participation.

**Recommendation 50:** HMP Addiewell Senior managers should ensure there is a greater range of cultural and social events, which fully reflect the diversity of the community celebrated throughout the year to motivate and engage prisoners.

**Recommendation 51:** HMP Addiewell should change the time-of-day prisoners are offered fresh air to ensure it does not clash with medication or meal issue.

**Recommendation 52:** HMP Addiewell should change the time and process for protection prisoners taking fresh air to reduce the levels of abuse experienced by those who wish to go outside.

**Recommendation 53:** HMP Addiewell should ensure weatherproof garments for those taking fresh air are available and provided to all prisoners during periods of inclement weather.

**Recommendation 54:** HMP Addiewell should implement a process of assurance for access to fresh air for prisoners being managed on a formal rule out with the SRU.

**Recommendation 55:** HMP Addiewell should ensure protection prisoners have regular access to a Reformed service.

**Recommendation 56:** HMP Addiewell should review the visits admission process to eliminate excessive waiting times.

**Recommendation 57:** HMP Addiewell should ensure there is a consistent and welcoming approach when admitting visitors with additional needs.

**Recommendation 58:** HMP Addiewell should reinstate the FCO role.

**Recommendation 59:** HMP Addiewell should review the escorting process to ensure prisoners receive the full 30-minute virtual visit session.

**Recommendation 60:** HMP Addiewell should resume delivery of family inductions and facilitate the visitors' forum.

**Recommendation 61:** HMP Addiewell should take action to reduce the number of individuals deselecting from accredited programmes.

**Recommendation 62:** HMP Addiewell should implement a personal officer scheme and raise awareness of the case management process.

**Recommendation 63:** HMP Addiewell should implement supportive measures to increase the number of individuals attending their ICM case conferences.

**Recommendation 64:** SPS HQ should continue to review the national waiting list system and provide enough programme spaces to allow prisoners the opportunity to complete identified programmes prior to their progression window.

**Recommendation 65:** HMP Addiewell should remove the additional case management meeting to ensure RMT timescales are adhered to.

**Recommendation 66:** HMP Addiewell should ensure prisoners are invited to RMT meetings where appropriate.

**Recommendation 67:** HMP Addiewell should ensure that the GPA 2 assessment and associated progression guidance is adhered to.

**Recommendation 68:** SPS HQ should allow senior management at HMP Addiewell some access to SharePoint or share the GMAs in an alternative electronic format.

**Recommendation 69:** HMP Addiewell should ensure a senior manager attends MAPPA Level 2 and 3 prerelease meetings, as per MAPPA guidance.

**Recommendation 70:** HMP Addiewell should ensure that all relevant services are represented at the multiagency liberation meetings. This will ensure that individual prisoners do not get missed in terms of planning for release and that there is a shared understanding of needs and risks.

**Recommendation 71:** HMP Addiewell should take action to ensure that prisoners consistently have a positive experience of case management. This action should include effective quality assurance of case management activity and professional development opportunities for current and prospective case managers.

**Recommendation 72:** HMP Addiewell should, as part of ongoing discussions with NHS Lothian, raise the need for a health representative at RMT and agree how they can meaningfully contribute to other sentence planning processes. This will help to reduce unnecessary delays for individuals progressing to less restrictive conditions.

**Recommendation 73:** HMP Addiewell should increase the opportunities for prisoners to have their voice heard in RMT and PCMB meetings, this should include an opportunity to attend for all or part of these meetings.

**Recommendation 74:** With appropriate reference to the SHORE standards, HMP Addiewell should engage with local authorities to ensure that prerelease prisoners have more clarity about accommodation and housing prior to liberation.

**Recommendation 75:** HMP Addiewell should conduct more systematic monitoring of data around opportunities for those with protected characteristics, and their involvement in disciplinary processes, relative to other prisoner groups to ensure no unintentional discrimination was occurring.

**Recommendation 76:** HMP Addiewell should review training provision for E&D Ambassadors, recognising that this role requires specialised knowledge over and above what may be expected of core E&D training for all staff.

**Recommendation 77:** SPS HQ and HMP Addiewell should review the processes for E&D complaints with the principles of equality of access, clear systemic review and fairness in mind.

**Recommendation 78:** HMP Addiewell should ensure that all oversight and scrutiny action plans/trackers are up to date and accurate and have timescales in order to close or follow up recommendations or actions.

**Recommendation 79:** HMP Addiewell should ensure that briefings take place to inform staff of plans for improvement.

**Recommendation 80:** HMP Addiewell should look to ensure an acceptable level of training competency at the earliest opportunity.

**Recommendation 81:** REAS/NHS Lothian must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.

**Recommendation 82:** SPS and HMP Addiewell must review the referral process on kiosk system so that remand prisoners have the same access to opticians as convicted prisoners.

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**Recommendation 85:** SPS and HMP Addiewell must ensure that patients who refuse to attend healthcare appointments complete a refusal form and that this is forwarded to the healthcare team.

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**Recommendation 87:** REAS/NHS Lothian must ensure that healthcare teams must where achievable provide representation of the healthcare facilities available at new admission's inductions.

**Recommendation 88:** REAS/NHS Lothian must consider a collaborative approach to induction for all new staff members.

**Recommendation 89:** REAS/NHS Lothian must review staffing and systems to ensure triages, assessments and clinics can consistently be available to patients.

**Recommendation 90:** REAS/NHS Lothian must ensure there is a process for assessing urgent referrals.

**Recommendation 91:** REAS/NHS Lothian must review case-load management system to ensure there is oversight of any patients receiving care from the Mental Health Team.

**Recommendation 92:** REAS/NHS Lothian must ensure all patients receiving care from the Mental Health Team have a risk assessment and care plan in place.

**Recommendation 93:** REAS/NHS Lothian must reintroduce regular Multidisciplinary Team meetings.

**Recommendation 94:** REAS/NHS Lothian must liaise with HMP Addiewell to improve accommodating escorts to psychology appointments.

**Recommendation 95:** REAS and NHS Lothian must include a process for hospital transfer in the SOP for the mental health pathway at HMP Addiewell.

**Recommendation 96:** REAS and NHS Lothian must include a process for referring patients to community mental health teams in the SOP for the mental health pathway at HMP Addiewell.

**Recommendation 97:** REAS/NHS Lothian must evidence that patients are involved in the planning of their care.

**Recommendation 98:** REAS/NHS Lothian must ensure that individual care plans are in place for all patients receiving care from the addictions team.

**Recommendation 99:** REAS/NHS Lothian must ensure continuity of care staff should be able to access and update the DAISy system.

**Recommendation 100:** REAS/NHS Lothian must ensure there are established clinics where patients can access a range of evidence based psychological interventions to support with recovery from drug and or alcohol addictions.

**Recommendation 101:** REAS/NHS Lothian must ensure that Multidisciplinary Team meetings are re-established to ensure that patients are discussed (as referenced to in QI 9.5).

**Recommendation 102:** REAS/NHS Lothian must reestablish a clinical pharmacy service that is accessible to patients.

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**Recommendation 112:** REAS/NHS Lothian must ensure learning from complaints is discussed and shared with the healthcare team.

**Recommendation 113:** HMP Addiewell and healthcare teams must work collaboratively to provide assurance over the safety of patients and all staff working in the prison.

**Recommendation 114:** SPS and HMP Addiewell must address without delay the standard of cleanliness in accessible cells.

**Recommendation 115:** HMP Addiewell must review the storage area where cleaning equipment is stored without delay and remove unsuitable items to reduce the risk of contamination of cleaning materials.

**Recommendation 116:** Healthcare staff must consistently adhere to national guidelines in relation to uniforms to minimise the risk of transmission of infection.

**Recommendation 117:** REAS and NHS Lothian must address noncompliances with face masks and ensure national guidelines are followed.

**Recommendation 118:** REAS and NHS Lothian must reinstate regular auditing of standard infection prevention and control precautions with evidence of compliance and actions when non-compliance is identified.

**Recommendation 119:** REAS and NHS Lothian must provide external oversight of the healthcare environment and staff adherence in HMP Addiewell to support staff with best practice in the reduction of the risks of transmission of infection.

**Recommendation 120:** REAS/NHS Lothian must ensure all staff should have consistent inductions and regular appraisals to support wellbeing and development.

**Recommendation 121:** REAS/NHS Lothian must restart healthcare staff meetings within HMP Addiewell to ensure staff are well informed and have a forum to raise and discuss any concerns in relation to the service.

**Recommendation 122:** REAS/NHS Lothian must develop an out-of-hours on call escalation process so that staff feel supported and have an identified contact they can speak with to raise any clinical or staffing issues.

**Recommendation 123:** REAS/NHS Lothian should ensure the role of the lead nurse supports the operational management of healthcare at HMP Addiewell.

**Recommendation 124:** REAS/NHS Lothian should ensure that the recommendations and associated action plan from the service review is shared with all staff in order to implement and prioritise recommendations on an agreed timescale.

**Recommendation 125:** REAS/NHS Lothian should ensure that staff receive feedback from all DATIX incidents submitted.

**Recommendation 126:** REAS/NHS Lothian should display complaints and compliments received so that staff are aware of patient's experience.

## Annex B

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### Summary of Good Practice

**Good Practice 1:** The dedicated English as a Second Language teacher and the Language Exchange Programme.

**Good Practice 2:** The in-cell kiosks allowed access to the Email a Prisoner Scheme 24 hours a day, supported effective and empowering admission processes, and has the potential to encourage selflearning and development.

**Good Practice 3:** The use of new technology alongside the support provided by Insiders in supporting the admission and familiarisation process for prisoners new to HMP Addiewell was impressive. HMP Addiewell is leading edge within Scotland in its use of in-cell technology to support the familiarisation process.

**Good Practice 4:** The induction process was split into short sections and delivered over a number of days in an engaging manner that aided prisoner understanding.

**Good Practice 5:** The Safer Custody Meetings used by HMP Addiewell allowed for significant incidents of all levels to be discussed by a multidisciplinary team, and actions to be agreed by those present to best manage the outcomes and ensure that supports and interventions are in place.

**Good Practice 6:** The restorative practice, which could be resident, or staff facilitated, empowered victims to challenge those who had bullied or harassed them and allowed issues to be resolved at the lowest possible level without threat of repercussion.

**Good Practice 7:** The Learning Academy had extended the options and expertise available to prisoners through working with a university on the Prisoner Education Programme, bringing an improved range of options, and supporting appropriate remote delivery.

**Good Practice 8:** Within the Learning Academy, good quality delivery and supportive and purposeful working relationships created a relaxed, safe and effective learning environment.

**Good Practice 9:** The range of useful support activities offered by the Chaplaincy team was having a positive impact on the wellbeing of several prisoners.

**Good Practice 10:** Collaborative working with community organisations to remove language barriers in practicing faith.

**Good Practice 11:** Trauma-informed Cyrenians workers attended all family sessions facilitating play and offering support to families and prisoners.

**Good Practice 12:** Parenting classes were delivered to mums and dads separately and included an additional visit.



**Good Practice 13:** Prisoners had 24-hour access to in-cell telephones and the Email a Prisoner Scheme.

**Good Practice 14:** The development of an interactive game teaching core skills which can be completed in cell.

**Good Practice 15:** The multidisciplinary OLR case management meetings provided assurance on the effective implementation of risk management plans.

**Good Practice 16:** HMP Addiewell had established strong partnerships with local partners to embed the use of recovery groups to support prisoners with addiction issues. This is encouraging engagement with services who can potentially continue to offer support back in the community.

**Good Practice 17:** North Lanarkshire Bridges Project – a partnership between North Lanarkshire ADP, North Lanarkshire Council and HMP Addiewell to address the impact of alcohol and drug problems on the transition of individuals back to North Lanarkshire from HMP Addiewell. This project reported positive outcomes for prisoners leaving HMP Addiewell and provided valuable feedback on the effectiveness of release plans.

**Good Practice 18:** A foot care clinic was delivered by a healthcare worker, where they carried out nail cutting, removal of hard skin and assessed fungal infections. This allowed the podiatrist to focus on more specialist treatments such as nail removal.

**Good Practice 19:** Welfare care plans had been introduced to provide prison staff with advice and actions to take for patients identified as requiring closer observation due to illness or injury.

**Good Practice 20:** An established vaccination clinic was running for flu and COVID19 vaccines and patients were made aware of this through the kiosk system. This was also supported by HMP Addiewell who would let the residential halls know when this was available.

**Good Practice 21:** LTHC information provided by the ANP supported patients to be aware of deteriorating signs in their pre-existing conditions and promote autonomy over their healthcare.

**Good Practice 22:** The rollout of trauma informed practice modules had started within the wider REAS team and will be available to all healthcare staff in the future.

**Good Practice 23:** New admissions are orientated to the peer-support scheme within the prisons called The Insiders.

**Good Practice 24:** Literature developed by the ANP was provided to patients to manage long term health conditions such as asthma, diabetes, and COPD.

**Good Practice 25:** A process was in place to collect data on patients requiring transfer to hospital. For example, in an emergency situation, this data is used for review and reflection with an emphasis on identifying training needs or support.

## Annex C

### Summary of Ratings

Standard/QI	Standard rating/QI rating
<b>Standard 1 – Lawful and Transparent Custody</b>	<b>Satisfactory</b>
QI 1.1	Satisfactory
QI 1.2	Good
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Satisfactory
<b>Standard 2 – Decency</b>	<b>Poor</b>
QI 2.1	Poor
QI 2.2	Poor
QI 2.3	Generally Acceptable
QI 2.4	Generally Acceptable
QI 2.5	Satisfactory
QI 2.6	Generally Acceptable
<b>Standard 3 – Personal Safety</b>	<b>Poor</b>
QI 3.1	Generally Acceptable
QI 3.2	Generally Acceptable
QI 3.3	Poor
QI 3.4	Generally Acceptable
QI 3.5	Generally Acceptable
QI 3.6	Satisfactory
QI 3.7	Generally Acceptable

**Standard 4 – Effective, Courteous  
and Humane Exercise of Authority****Satisfactory**

QI 4.1	Satisfactory
QI 4.2	Satisfactory
QI 4.3	Satisfactory
QI 4.4	Satisfactory
QI 4.5	Good
QI 4.6	Generally Acceptable
QI 4.7	Satisfactory
QI 4.8	Generally Acceptable
QI 4.9	Generally Acceptable
QI 4.10	Satisfactory

**Standard 5 – Respect, Autonomy and  
Protection Against Mistreatment****Generally Acceptable**

QI 5.1	Generally Acceptable
QI 5.2	Generally Acceptable
QI 5.3	Poor
QI 5.4	Poor
QI 5.5	Poor
QI 5.6	Generally Acceptable
QI 5.7	Satisfactory
QI 5.8	Generally Acceptable

**Standard 6 – Purposeful Activity****Generally Acceptable**

QI 6.1	Generally Acceptable
QI 6.2	Generally Acceptable
QI 6.3	Generally Acceptable
QI 6.4	Generally Acceptable
QI 6.5	Generally Acceptable
QI 6.6	Generally Acceptable
QI 6.7	Poor
QI 6.8	Satisfactory
QI 6.9	Good
QI 6.10	Generally Acceptable
QI 6.11	Generally Acceptable
QI 6.12	Satisfactory
QI 6.13	Generally Acceptable
QI 6.14	Poor
QI 6.15	Generally Acceptable

**Standard 7 – Transitions from Custody to Life in the Community****Generally Acceptable**

QI 7.1	Generally Acceptable
QI 7.2	Generally Acceptable
QI 7.3	Satisfactory
QI 7.4	Generally Acceptable
QI 7.5	Generally Acceptable

**Standard 8 – Organisational Effectiveness****General Acceptable**

QI 8.1	Generally Acceptable
QI 8.2	Generally Acceptable
QI 8.3	Generally Acceptable
QI 8.4	Generally Acceptable
QI 8.5	Generally Acceptable
QI 8.6	Generally Acceptable
QI 8.7	Satisfactory
QI 8.8	Satisfactory

**Standard 9 – Health and Wellbeing****Poor**

QI 9.1	Satisfactory
QI 9.2	Generally Acceptable
QI 9.3	Generally Acceptable
QI 9.4	Generally Acceptable
QI 9.5	Unacceptable
QI 9.6	Generally Acceptable
QI 9.7	Poor
QI 9.8	Poor
QI 9.9	Generally Acceptable
QI 9.10	N/A
QI 9.11	Satisfactory
QI 9.12	Generally Acceptable
QI 9.13	Generally Acceptable
QI 9.14	Generally Acceptable
QI 9.15	Poor
QI 9.16	Generally Acceptable
QI 9.17	Poor

## Annex D

## Progress on recommendations since the last inspection

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
1	QI 1.2: HMP Addiewell should ensure that all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that they can understand. The translation line service should be offered to all prisoners where English is not their first language.	New admissions received a useful booklet providing helpful information about the prison. This was an effective response to a recommendation following our last inspection of HMP Addiewell.	Met
2	QI 1.2: The Kiosk should be more accessible to prisoners with little to no English as it did not translate fully into foreign languages.	Only core information was on the Kiosk. The prison has ambitious plans to make a wider range of information available electronically for the four or five most popular foreign languages. Until such times this has not met the recommendation in full.	Partially met
3	QI 1.2: HMP Addiewell must take a proactive approach in engaging with and supporting prisoners who face barriers to full participation in the admission and induction process, in order to ensure that the individual needs and requirements of all prisoners are met.	Peer supporters (Insiders) were now in the prison Reception to assist in the early part of the prisoner's admission and early days centre held more comprehensive induction.	Met
4	QI 1.3: Only staff trained in warrant calculation should undertake warrant checks in the Reception.	Covered in 1.7 'Staff were trained and competent in warrant identification.'	Met

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
5	QI 1.5: HMP Addiewell should change the regime in Douglas B to allow for a full regime for protection prisoners.	During the inspection protections were mixed with admissions and were not allocated the same time out of cell as mainstream. All areas are offered access to fresh air at the same time. Resulting in only a small number of protection prisoners attending and only for a short time.	Not met
6	QI 1.8: HMP Addiewell should ensure that protection prisoners and those for whom English is not their first language attend induction, and have equity of access to the full range of opportunities, supports and interventions as mainstream prisoners, including family visits.	The prison made use of Language Line where necessary to support the induction of foreign nationals. All admissions attend the early days centre to receive induction. Protection prisoners get full access to induction, and recently started getting access to some parts of the Academy, but not the Art Room so are denied access to kiln/clay making artwork.	Partially met
7	QI 2.4: HMP Addiewell should consider advertising Canteen meetings more widely to give more prisoners an opportunity to attend.	Prisoner forums have just recently started. No benefits have been realised as action plan has not been completed.	Partially met
8	QI 3.6: HMP Addiewell Management must review their approach to identifying responders to ensure that the appropriate response is always available.	The response process was understood across the establishment, with responsibility for allocation sitting with the operations SPCO. Staff were provided with the appropriate equipment and infrastructure to respond to any incidents.	Met

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
9	QI 4.2: Management should review their processes to ensure that Rule 95 and Rule 41 are appropriately applied and not used consecutively as was found during the inspection.	A good system was in place that addresses this recommendation.	Met
10	QI 5.3: HMP Addiewell should review prisoners not having a safe and secure place within their cells to secure private information or store medication and consider the introduction of secure storage facilities within each cell.	Safes had been installed in the double cells; however, they were not working in any of the cells checked. Therefore, prisoners did not have the option to keep confidential information from their cell mate.	Not met
11	QI 5.4: The SPS' contract monitoring team and HMP Addiewell management must engage to ensure that the focus of the contract is on engagement with the regime on offer, rather than merely the provision of spaces. The contract should be an enabler not an inhibitor (repeated below as also for the SPS).	During the inspection the contract had remained previously highlighted. The provision of spaces not regime was the focus.	Not met
12	QI 5.5: Prisoners on protection in Douglas B should be given access to induction and a regime should be developed.	This had been escalated in the previous Inspection. During the inspection protection prisoners in Douglas B did receive induction but the regime is still limited and challenging to deliver due to their location alongside mainstream prisoners.	Partially met



Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
13	QI 5.7: HMP Addiewell should consider including the complaints process in the Kiosk system.	Complaint forms had not been added to the Kiosk.	Not met
14	QI 6.1: The prison should review and extend the number and type of employment opportunities on offer to prisoners, and include relevant vocational qualifications where appropriate.	There was still a lack of employment opportunities available with only around one third of the prisoner population being employed. 'Of these employment opportunities, almost half were passmen roles', a further recommendation was made: HMP Addiewell vocational training staff should ensure accreditation is available in employment where formal work training to national standards is in place, in particular, in painting and decorating.	Not met
15	QI 6.3: Around 10% of the prison population, located in Douglas B, were excluded from participating in educational activities within the Academy. HMP Addiewell should address this urgently.	Although protection prisoners were now offered access to some parts of the Academy (not the Art room), this was relatively new and will be monitored.	Partially met
16	QI 6.4: HMP Addiewell should consider making much more use of the physical activity areas and recreation.	The prison offered a limited but sufficient range of physical and health educational opportunities and these were available to all prison populations. There was scope to increase the range of organised activities and events to motivate and encourage engagement and to enhance participation levels.	Partially met

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
17	QI 6.6: The prison should consider proactive engagement with all prisoners to extend the variety of cultural and social activities, including raising the profile of equality and diversity, cultural differences and other social themes such as violence against women and mental health. Prisoners should be consulted on the range of activities and their participation in these activities encouraged.	There was minimal evidence of any proactive engagement by education and a reliance on inexperienced staff to inform prisoners. Minimal consultation takes place.	Not met
18	QI 6.7: Management should review the process by which prisoners access the outside to ensure that all prisoner groups have equal access and feel able to take advantage of this important activity.	<p>Fresh air is offered to all but at the same time at the same time. Only a select few attend fresh air and do not stay out for long.</p> <p>Two further recommendations have been made in 2022 regarding this situation.</p> <p>Recommendation: HMP Addiewell should change the time-of-day prisoners are offered fresh air to ensure it does not clash with medication or meal issue.</p> <p>Recommendation: HMP Addiewell should change the time and process for protection prisoners taking fresh air to reduce the levels of abuse experienced by those who wish to go outside.</p>	Not met

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
19	QI 6.8: The lack of sex offender inclusion, i.e. to attend a group service was disappointing and something which management should review and addressed.	Protections do not have access to the reform service.  A further recommendation has been made on 2022 inspection HMP Addiewell should ensure protection prisoners have regular access to a Reformed service.	Not met
20	QI 6.10: Management should review the process by which prisoners are brought to visits as inspectors witnessed family members waiting for long periods prior to the visit commencing.	There was evidence that this was still a regular occurrence. One further recommendation was made in the 2022 inspection. HMP Addiewell should review the visits admission process to eliminate excessive waiting times.	Not met
21	QI 6.14: Due to the significant workload of CMs, vacancies should be addressed and/or consideration should be given to developing a Personal Officer Scheme.	There is no personal officer scheme in place at HMP Addiewell. It is HMIPS's view that the case load for the case managers is such that it cannot be managed effectively.	Not met
22	QI 7.2: HMP Addiewell should review the Case Management Team being responsible for chairing their own ICMs, and introduce a system where the ICM chair can provide an independent perspective on the case.	There was no direct evidence on where there were improvements on this recommendation. The inspection report stated that the ICM case conferences were focussed on the individual prisoner, who were able to play a full part in these meetings. But were still chaired by the ICM case manager for that case.	Not met

Rec No.	Recommendation	HMIPS Evidence	Met/Partially met/Not met
23	QI 8.4: With such a young and relatively inexperienced staff group management should ensure that new recruits are supported by experienced staff as they join the operational complement.	More than 50% of staff have under two-year service. Very little evidence of organisational support, more ad hoc and support coming from slightly more experienced staff with six months more service in a lot of cases. The annual appraisal system was poor resulting in little evidence of training needs or performance.	Not met
24	QI 8.5: HMP Addiewell management must work quickly towards finding a solution whereby all prisoners required to attend internal and external healthcare appointments are escorted timeously. Such failures to attend are a significant waste of valuable and expensive resources.	Although staff recruitment is higher than previous inspection more staff have under two years' service, so retention is still an issue.	Not met

## Annex E

### Prison Population Profile on 20 October 2022

Status	Number of prisoners	%
Untried Male Adults	222	31
Untried Female Adults	0	0
Untried Male Young Offenders	0	0
Untried Female Young Offenders	0	0
Sentenced Male Adults	496	69
Sentenced Female Adults	0	0
Sentenced Male Young Offenders	0	0
Sentence Female Young Offenders	0	0
Recalled Life Prisoners	11	1.5
Convicted Prisoners Awaiting Sentencing	25	3.5
Prisoners Awaiting Deportation	0	0
Under 16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	0	0

Sentence	Number of prisoners	%
Untried/Remand	222	31
0 – 1 month	0	0
1 – 2 months	0	0
2 – 3 months	2	0.3
3 – 4 months	2	0.3
4 – 5 months	8	1.1
5 – 6 months	2	0.3
6 months to less than 12 months	43	6
12 months to less than 2 years	81	11.2
2 years to less than 4 years	78	10.8
4 years to less than 10 years	179	25
10 years and over (not life)	22	3.1
Life	72	10
Order for Lifelong Restriction (OLR)	7	0.9

Age	Number of prisoners	%
Minimum age:	21	-
Under 21 years	0	0
21 years to 29 years	157	22
30 years to 39 years	299	42
40 years to 49 years	158	22
50 years to 59 years	70	9.7
60 years to 69 years	24	3.3
70 years plus	10	1
Maximum age:	84	-
<b>Total number of prisoners</b>	<b>718</b>	

## Annex F

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### Inspection Team

**Wendy Sinclair-Gieben**, HMIPS

**Stephen Sandham**, Standard 1, HMIPS

**Graeme Neill**, Standard 2, HMIPS

**Neal MacCowan**, Standard 3, SPS

**Richard Coup**, Standard 4, SPS

**Kerry Love**, Standard 5, HMIPS

**John Laird**, Standard 6, Education Scotland

**Simon Ross**, Standard 6, Education Scotland

**Andrea MacMillian (shadow)**, Standard 6, Education Scotland

**Eilidh Smith**, Standard 6, SPS

**Neil Gentleman**, Standard 7, Care Inspectorate

**Calum McCarthy**, Standard 8, HMIPS

**Lindsay Macphee**, Standard 9, HIS

**Jamie Thomson**, Standard 9, HIS

**Sophie Moss**, Standard 9, HIS



## Annex G

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### Acronyms used in this Report

<b>AA</b>	Alcoholics Anonymous
<b>ACP</b>	Anticipatory Care Plans
<b>ANP</b>	Advanced Nurse Practitioner
<b>APL</b>	Addiewell Prisons Limited
<b>BBV</b>	Blood Borne Virus (BBV)
<b>BICSc</b>	British Institute of Cleaning Science
<b>BIM</b>	Business Improvement Manager
<b>BOSS</b>	Body Orifice Security Scanner
<b>C&amp;R</b>	Control and Restraint
<b>CBSW</b>	Community-Based Social Work
<b>CIP</b>	Community Integration Plan
<b>CCTV</b>	Closed Circuit Television
<b>CGL</b>	Change, Grow, Live
<b>CMS</b>	Central Management System
<b>COPD</b>	Chronic Obstructive Pulmonary Disease (COPD)
<b>COPFS</b>	Crown Office and Procurator Fiscal Service
<b>COVID-19</b>	Coronavirus Disease 2019
<b>COWS</b>	Clinical Opiate Withdrawal Scale
<b>CPT</b>	European Committee for the Prevention of Torture
<b>DAISy</b>	National drug and alcohol information system
<b>D&amp;E</b>	Diversity and Equality
<b>DE&amp;I</b>	Diversity, Equality and Inclusion
<b>DIRF</b>	Discrimination Incident Reporting Form
<b>DWP</b>	Department for Work and Pensions
<b>E&amp;D</b>	Equality and Diversity
<b>ECDL</b>	European Computer Driving License
<b>ECR</b>	Emergency Control Room
<b>EDA</b>	Escorted Day Absence
<b>EDL</b>	Earliest Date of Liberation
<b>EEDA</b>	Emergency Escorted Days Absence
<b>FCO</b>	Family Contact Officer
<b>GPA</b>	Generic Programmes Assessment

<b>HDC</b>	Home Detention Curfew
<b>HIS</b>	Healthcare Improvement Scotland
<b>HMCIPS</b>	His Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	His Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	His Majesty's Prison
<b>ICC</b>	Internal Complaints Committee
<b>ICM</b>	Integrated Case Management
<b>ILS</b>	Immediate Life Support
<b>IMU</b>	Intelligence Management Unit
<b>IPC</b>	Invention Prevention and Control
<b>IPM</b>	Independent Prison Monitor
<b>LTHC</b>	Longterm health conditions
<b>MAT</b>	Medically assisted standards
<b>MDT</b>	Mandatory Drug Testing
<b>MAPPA</b>	MultiAgency Public Protection Arrangements
<b>MAXIMO</b>	HMP Addiewell Facilities Management System
<b>NMC</b>	Nursing and Midwifery Council
<b>NMP</b>	Nonmedical prescriber
<b>NPM</b>	National Preventive Mechanism
<b>NPS</b>	New Psychoactive Substances
<b>NRT</b>	Nicotine Replacement Therapy
<b>OLR</b>	Order of Lifelong Restriction
<b>OP</b>	Operational Procedure
<b>OPCAT</b>	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>OST</b>	Opiate Substitution Therapy
<b>OT</b>	Occupational Therapy
<b>PA</b>	Purposeful Activity
<b>PBSW</b>	Prison Based Social Work
<b>PCF</b>	Prisoner Complaint Form
<b>PCMB</b>	Programmes Case Management Board
<b>PCO</b>	Prison Custody Officer
<b>PDP</b>	Personal Development Plan
<b>PICS</b>	Prisoner Information Computer System
<b>PMAG</b>	Prisoner Monitoring and Assurance Group

<b>PPT</b>	Personal Protection Training
<b>PR2</b>	Prisoner Record System – version 2
<b>PRL</b>	Prison Resource Library
<b>PT</b>	Physical Trainer
<b>QI</b>	Quality Indicator
<b>REAS</b>	Royal Edinburgh Hospital and Associated Services
<b>RMA</b>	Risk Management Authority
<b>RMT</b>	Risk Management Team
<b>SAER</b>	Serious Adverse Event Review
<b>SCN</b>	Senior Charge Nurse
<b>SCTS</b>	Scottish Courts and Tribunals Service
<b>SHORE</b>	Sustainable Housing on Release for Everyone
<b>SHRC</b>	Scottish Human Rights Commission
<b>SICPS</b>	Standard Infection Control Precautions
<b>SJS</b>	Sodexo Justice Services
<b>SMART</b>	Specific, Measurable, Agreed, Realistic, Time-bound
<b>SMT</b>	Senior Management Team
<b>SOP</b>	Standard Operating Procedure
<b>SPCO</b>	Senior Prison Custody Officer
<b>SPSO</b>	Scottish Public Services Ombudsman
<b>SRU</b>	Separation and Reintegration Unit
<b>SSM</b>	Special Security Measures
<b>TDU</b>	Tactical Dog Unit
<b>TTM</b>	Talk to Me
<b>UOF</b>	Use of Force
<b>UTI</b>	Under the Influence
<b>PA</b>	Purposeful Activity
<b>S&amp;R</b>	Safety and Risk
<b>VCF1</b>	Visitor Complaint Forms

# EVIDENCE REPORT

## Standard 1 - Quality Indicators

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

Rating: Satisfactory

The prison tried to ensure that new admissions understood the processes they were being talked through, and staff explained about using Language Line when necessary, with foreign nationals. Statistics provided by the prison confirmed Language Line had been used to support interactions with a range of foreign nationals.

Inspectors observed new admissions having Talk to Me (TTM) and other processes explained to them. Prisoners, including foreign nationals, who had been admitted recently to the prison, confirmed to inspectors that they felt well treated by reception staff and did not have any complaints about the staff or the process they had gone through. This reflected the findings in the pre-inspection survey where 55% stated that they had been treated well or very well, and only 12% expressed negative views. In particular, prisoners confirmed that staff had given them the opportunity to discuss and raise any additional support needs they might have, and they had seen a nurse in a private room with the opportunity to discuss any health concerns.

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

Rating: Good

New admissions received an initial understanding of the prison through the support of peer mentors known as 'Insiders'. The Insiders explained prison processes in reception and later also supported new admissions through the induction programme. They also assisted the more vulnerable prisoners around the prison. The Insiders were clearly a valuable asset, and their assistance was appreciated by those being admitted to HMP Addiewell for the first time.

New admissions received a useful booklet providing helpful information about the prison. This was an effective response to a recommendation following our last inspection of HMP Addiewell.

The prison had excellent in-cell IT functionality, which allowed residents to access information about the prison whenever they wanted from their own cell, and this information was also available on the hall kiosk. Some core information about the prison was available in a range of foreign languages via the kiosk and in-cell digital systems, and the prison had ambitious plans to make a wider range of information available electronically for the four or five most popular foreign languages. The prison's development of its in-cell technology is unquestionably leading edge in terms of Scottish prisons.

There was an Early Days in Custody Wing where prisoners were placed initially, which was located on the same landing as the induction centre. The closeness to the induction centre was perceived by staff to be important in persuading the more vulnerable prisoners to attend the induction programme.

**Good Practice 3:** The use of new technology alongside the support provided by Insiders in supporting the admission and familiarisation process for prisoners new to HMP Addiewell was impressive. HMP Addiewell is leading edge within Scotland in its use of in-cell technology to support the familiarisation process.

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

Rating: Satisfactory

The warrants team was located directly within the reception area, which the team felt kept them at the heart of the reception process and was a significant advantage in comparison to being located within residential areas.

The warrants team were conscious of the need to develop more experience within the team, as on one of the days observed there was an average of only eight months experience in the role. Nevertheless, the team were observed to be carrying out their duties diligently and paid careful attention to statutory procedures for identification and registration of prisoners in a methodical way, with multiple checks embedded in the assurance system. The warrants team had an adequate number of people trained in warrants work, but the prison was in the process of boosting the number of unit managers who could countersign warrants when required.

Information was observed to be transferred effectively between prison escort GEOAmey staff to the prison, and then onto PR2, and the same in reverse when prisoners were transferring out of the prison.

Staff were observed asking new admissions about medical or special needs and other risk factors, with a further discussion with healthcare staff then taking place in a private room. Processes throughout the reception area were observed to be conducted at an appropriate pace, with control and order maintained.

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

Rating: Satisfactory

Initial interviews with both Sodexo and healthcare staff took place in a private setting and circumstances were explained courteously to prisoners, who were given the opportunity to ask questions or raise concerns freely. The interaction between staff and new admissions was supportive and respectful. PR2 was updated accurately.

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

Rating: Satisfactory

Prisoners were allocated appropriately with reference to their classification, gender, vulnerability, security risk and any medical issues. Prisoners were observed to be informed of their allocation in a courteous way. As already indicated under QI 1.4 prisoners were observed to be given the opportunity to communicate any concerns or other issues and the staff treated them with appropriate respect and took time to reassure new admissions about the opportunities that were available in HMP Addiewell and helped convey a positive early impression of the prison.

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

Rating: Satisfactory

There are very few double cells in HMP Addiewell, so cell sharing was a rarity. However, it was still crucial to ensure safe allocation of prisoners to the appropriate wing and cell within the prison. The prison took steps to check all new admissions for any vulnerabilities and anything on PR2 that would indicate if they had to be kept apart from particular prisoners before they were transferred to the Early Days in Custody Wing (Douglas B). From there a similar exercise was undertaken reviewing PR2 and any intelligence information to check on any known enemies, etc, before they were allocated a cell elsewhere in the prison. Nothing emerged during the inspection to give any cause for concern about the way in which this was done.

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

Rating: Satisfactory

Key dates were communicated to prisoners early in their stay. Their Earliest Date of Liberation (EDL) was communicated to prisoners via the kiosk the day after their admission. Staff were trained and competent in warrant identification and staff reported constructive links with outside agencies such as the Crown Office and Procurator Fiscal Service (COPFS), to resolve any uncertainties about warrants or the calculation of key dates. There was evidence that where cases were particularly complex involving warrants from England, and the EDL was disputed by the prisoner, the prison would take the appropriate steps to liaise with SPS HQ to ensure their calculations were correct. Liberations in error or detentions in error would be reviewed to identify learning points, but in practice these were extremely rare events due to the number of checks that were carried out before any liberation.

There had been one recent incident regarding a potential deportee, which had officially to be recorded as a liberation in error, but which appeared to be the result of a collective breakdown in communication between agencies, linked to the individual's immigration status. Similarly, staff recounted one incident where a

prisoner was correctly released on the information provided by the courts, but there had been an error in the information provided by the courts. However, such events were incredibly rare as a consequence of robust processes being in operation.

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

Rating: Satisfactory

The induction programme was split into several sections and delivered in short blocks over a number of days to avoid overloading prisoners with too much information in one session. The material provided in the induction slides was comprehensive and staff presented the material in a professional, friendly and engaging way, simplifying the language where necessary to ensure everyone could understand the information. The staff involved in the induction programme showed empathy with the questions and concerns that new admissions might have. Again, the prison made use of Language Line where necessary to support the induction of foreign nationals. The section on contacting Independent Prison Monitors (IPMs) needed updating to remove references to using the request box and the induction officer undertook to address this speedily.

**Good Practice 4:** The induction process was split into short sections and delivered over a number of days in an engaging manner that aided prisoner understanding.

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

Rating: Satisfactory

A number of liberations were observed by inspectors and dealt with competently and effectively by reception staff. Liberation dates and other paperwork associated with lawful liberation was subject to six different checks prior to release. Any conditions associated with their release were carefully explained to the person being released in a private room to ensure confidentiality. Those being released were provided with a liberation grant and had their property returned to them which they carried out in a black zippered bag provided by the prison. Staff were observed to conduct the liberation process in a friendly manner and helped carry a bag for one individual who was struggling with multiple bags. Prisoners were eligible for assistance with bus travel where that was needed. As far as possible the timing of liberations took account of appointments which were pre-planned. Buses and trains operated close to the prison for those not being picked up by car. Prisoners were escorted to the main entrance of the building for liberation, which was perceived to be a more appropriate place for greeting family and friends.



## Standard 2 - Quality Indicators

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

Rating: Poor

There were no major works or projects running at the time of the inspection. Structurally, the prison was found to be in good condition with buildings fit-for-purpose. It was observed that some painting was underway in the prison but not in the residential areas. However, it was noted that due to staff sickness the work party of five passmen responsible for painting was dormant. Minor acts of graffiti were found in many of the cells with the paint on the walls requiring to be refreshed.

There were no lockable cabinets or safes in any of the single cells, the prison did however provide prisoners with keys to secure their cells when they were not present. Unfortunately, all of the double cells inspected were found not to have any lockable cabinets or operational safes, and therefore did not provide these individuals with security for valuables or any medication.

Cell furniture was adequate but quite tired in appearance. Some kettles were defective, but replacements were reported to be on order. Beds were of sound steel construction and bolted to the walls by heavy brackets providing storage space beneath.

Accessible cells measured 5.6m x 3.6m and were of sufficient size to accommodate those with limited mobility. Steel beds were standard but could be removed to accommodate specialist equipment and beds. Showers and toilets were of a wet room construction and varied in the level of cleanliness and quality of equipment. See Standard 9 for further findings on the accessible cells.

Early in 2022, the prison implemented 'MAXIMO' as the online system used to manage the general maintenance and planned preventative maintenance of the prison. Inspectors were shown that on 8 November 2022 there were 191 live jobs on the system, with the oldest dating back to 28 April 2022, and 3,550 jobs had been raised since the start of 2022.

Staff had not been sufficiently trained in the use of this system to allow it to be used effectively and therefore it was not efficient. Inspectors therefore did not have confidence in the provision of figures and status of jobs provided to them. It was seen that when a fault was found, staff generated a new job request on the system. It was allocated a priority rating, but it did not then inform anyone at what stage this job was at. This resulted in staff generating a new job request for the same fault over and over again and staff were unable to keep prisoners informed of progress.

The Maintenance Management Team were not able to update the system as and when jobs were being progressed. This was partly due to access rights being restricted to senior and admin staff, and an apparent need for handheld devices that

were linked to the 'MAXIMO' system to be provided to allow maintenance staff to update jobs in real time.

At the time of inspection, the jobs were being managed via a paper trail between the maintenance team, maintenance admin and maintenance management. This was not effective and did not appear to adequately prioritise jobs that related to security or safety. Quite a number of completed paper job sheets were waiting to be uploaded onto the system by admin support. White sheets for ongoing maintenance and blue sheets for scheduled maintenance.

Of the live jobs sampled by inspectors, HMP AW-519717 was a good example. This related to a fire hose on Tay B being defective and restricting the flow of water. The job was raised on 12 September 2022 and by 8 November 2022, after a number of white paper exchanges, the part had still not arrived, and the fire hose fixed. None of this information was held or updated on the 'MAXIMO' system.

**Recommendation 1:** HMP Addiewell should provide lockable safes or storage boxes for occupants of double cells.

**Recommendation 2:** HMP Addiewell should ensure that staff are trained to use the 'MAXIMO' maintenance management system.

**Recommendation 3:** HMP Addiewell should ensure that the 'MAXIMO' system is fully implemented to allow it to effectively manage the prisons maintenance (both reactive and planned) programme.

**Recommendation 4:** HMP Addiewell should implement a programme for the painting of cells.

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

Rating: Poor

The prison had 160 job spaces for cleaning passmen, of which 151 were in post and being paid. Inspectors viewed the relevant training records, including the 12 biohazard trained prisoners, and all were found to have the necessary biohazard and British institute of Cleaning Sciences (BICSc) qualifications.

The residential wings were generally found to have poor levels of cleanliness throughout. The HMP Addiewell residential passmen duties and expectations document was shown to inspectors along with the hall wing cleaning schedules. It was clear that despite some schedules being documented as completed, the work had not been done, and had not been done for some time prior to the inspection. Examples were stubborn stains and general debris on the stairs and landings, dirty dining tables and chairs, dirt and dust on top of telephone kiosk covers and a clear absence of essential cleaning equipment.

The tool inventory on Tay B wing week commencing 7 November 2022 was inspected, and it was seen that a number of mops and buckets were recorded as being present on the wing. Inspectors could not see any cleaning equipment in the cleaning cupboard, and when staff were challenged not one mop or bucket could be found on the hall and the cleaning cupboard was empty. It was noted that most of the cleaning cupboards were unlocked, and they were not routinely locked. In addition, most were dirty, and this was found to be the case on the majority of wings (see photographs below). It was clear that the tool inventories did not reflect what tools were actually on the wings.

Some passmen reported that they kept mops, brushes and buckets in their own cell to allow them to clean the wings. They were forced to do this as they would be taken by other prisoners if left in the unlocked cleaning cupboards. Inspectors observed that a number of prisoners also kept cleaning equipment in their cells and as such would be deemed unauthorised items and posed a risk. Staff were aware that this was commonplace, and it was clear that little or no attempts were made to address this.

HMP Addiewell carried out a monthly “Soft Services Living Standards Audit Check” by maintenance staff on every wing. This documented checks against structural integrity, cleanliness, cleaning schedules, vacant cell checks, laundry facilities and maintenance issues. The results of the checks carried out in September and October 2022 in respect of cleanliness and cleaning schedules were viewed by inspectors. It was seen that there was a 75% failure rate across all the wings, with a 94% failure rate over two months on one particular wing.

This audit check was a good system to have in place and provided the prison with very useful information in respect of hygiene, cleanliness, and the management thereof. Unfortunately, there was no evidence to show that the issues identified were being addressed. It was proposed by the prison that a monthly “Wing of Excellence” award would be implemented to reward the most improved wing. Inspectors were firmly of the opinion that this would only be effective if there was a desire for each wing to seek the award and there was nothing to indicate this would be the case. It may have been more effective to simply task Senior Prison Custody Officer (SPCO) with ensuring the compliance of cleaning schedules.

The pantries on every wing were found to be well-stocked with bread that was stored loosely on low shelves. The prison had identified that this was generally unhygienic. In an attempt to address this, every wing was issued with two large bread storage boxes days before the inspection. Only one wing was found to have them, and it was clear that the remainder had been acquired by prisoners in the same way as the cleaning equipment.

### Cleaning Cupboard Sink – Tay B



### Cleaning Cupboard Floor – Forth C



**Recommendation 5:** HMP Addiewell should ensure that all wings are cleaned to the required standards and cleaning records robustly monitored and recorded.

**Recommendation 6:** HMP Addiewell should ensure that tool inventories are accurate and document the actual tools that are present on the hall wings at the time of the checks.

**Recommendation 7:** Storage and cleaning cupboards should be locked at all times and staff should manage the distribution of items or equipment.

**Recommendation 8:** The Soft Services Living Standards Audit Check should be maintained but a robust process should be implemented to address its findings.

**Recommendation 9:** Storage boxes provided to each hall should be recovered and used to store bread in the pantries to improve hygiene.

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

Rating: Generally Acceptable

For laundering prison bedding and towels, prisoners were required to deposit them in a large laundry bin on each wing. The laundry passmen then separated and documented the laundry before placing bags in the laundry cage for a weekly uplift by an external contractor. It was noted by inspectors that prisoners were supposed to be handed replacement items from the store when they made deposits in the laundry bin, but often this did not happen as many of the store cupboards on each wing lacked supplies.

Inspectors found that many prisoners had more than their permitted number of mattresses, duvets, bedding, and towels in-cell, as detailed in the HMP Addiewell instruction number L164.5. Generally, the reason for this was found to be that the storerooms were left unlocked, therefore prisoners took what they wanted without supervision as they anticipated they would not get replacements when required. See QI 2.4 for recommendation.

Beds were of steel construction bolted to the walls, providing storage space beneath and mattresses were of an acceptable quality. There was no running replacement process for mattresses. Prisoners requested replacements if and when required, with an anticipated one-week turnaround for a new one to be provided. The same process existed for pillows, sheets and duvets, but whilst stocks were plentiful in the central store it was poor on each wing.

Each wing sent a 'basic requirements' Email to stores requesting toiletries every Sunday for delivery on a Monday. This included toiletries, cleaning equipment, etc,

and any requests for replacement mattresses tended to be made at this time. See QI 2.4 for recommendation.

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

Rating: Generally Acceptable

The provision of personal hygiene materials for prisoners by the prison was sporadic.

The store cupboards in some wings held ample amounts of items such as toothpaste, toothbrushes, soap, shampoo, and shaving equipment, but some wings held nothing at all. Staff informed inspectors that they would obtain items from other wings if required, but it was clear there was not an even distribution of hygiene materials and as such they were not readily available to many prisoners. It was noted by inspectors that the store cupboards on the majority of wings were not locked, allowing prisoners to remove items unsupervised. One cell was found to have in excess of 50 packets of shampoo. This reflected the HMIPS pre-inspection survey results, with 74% of respondents reporting that they do not get what they require from the prison and purchased their own toiletries from the canteen.

All cells had showers and toilets; therefore, prisoners were free to use them whenever they pleased. All inspected were found to be in good condition and working order. The washing and showering facilities in the accessible cells were of a wet room construction and fit-for-purpose, with plenty of space and access points, but most were not clean with peeling silicone sealant and mould visible in some corners.

There was a sufficient stock of towels in the prison's central store but very few were found to be held in the store cupboards on each wing. Prisoners complained that they found it difficult to seek an immediate replacement if they were to surrender one to the laundry. It was clear the towels were suffering the same fate as the toiletries and bedding, in that prisoners were permitted to take them unsupervised from the unlocked store cupboards.

It should be noted that these findings reflect the previous findings of the HMP Addiewell IPMs.

**Recommendation 10:** HMP Addiewell should ensure that store cupboards are replenished and then kept locked on all wings, and staff manage the stock and distribution of items to prisoners (see related recommendation at 2.2 above).

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

Rating: Satisfactory

Each wing had its own laundry room with washing machine and tumble drier. Prisoners could launder their personal clothing whenever they wanted through a dedicated laundry passmen who worked six days a week. The washing facilities could also be used by prisoners on day seven allowing continual daily access. This process meant that very few items of clothing were lost or damaged.

The washing machines were directly fed by powder and conditioner, but some prisoners reported that they were allergic to the powder causing rashes and discomfort. It was noted that it was not possible to purchase washing powder on the canteen sheet therefore some prisoners cleaned their clothes in-cell using shower gel.

Jackets and clothing provided for those on outside work parties were of good quality and prisoners reported they were fit-for-purpose. There were adequate jackets and clothing held centrally in stock and were available if required.

Passmen were issued with green clothing to be clearly identified but it was noted by inspectors that many were seen not to be wearing them whilst working on the wings.

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

**Recommendation 11:** HMP Addiewell should ensure sensitive laundry detergent is made available to prisoners via the canteen system.

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

Rating: Generally Acceptable

The pre-inspection survey found that 57% of the prisoners who participated rated the quality of food at HMP Addiewell negatively, with 37% rating the food as quite bad and 20% rating the food as very bad. Less than half (44%) rated the food positively with 37% reporting the food was good and 7% reporting it was very good. This survey generally reflected the findings of inspectors during the inspection.

IPMs carried out specific monitoring activities in respect of food and reported a number of issues in a September 2022 report. This included temperature testing, wearing of whites whilst serving, nutritional values and last minute changes to menu choices. This information assisted inspectors during the inspection.



HMP Addiewell had a fit-for-purpose kitchen with sufficient storage, preparation, and serving space. All foodstuffs used in the preparation of prisoner's meals were found to be stored in proper conditions and at the correct temperature. All ingredients were found to be in date and of good quality. All meat purchased by the prison was Halal and was seen to be prepared in a separate area of the kitchen to prevent cross-contamination. In addition, individual sealed Halal meals were provided for both lunch and dinner. The kitchen cleaning records were viewed and found to be up-to-date, as were the food hygiene training records for the 19 kitchen passmen.

The catering staff had been informed of a number of prisoners who were following cultural, religious, or medical dietary requirements, and there was a good process in place to meet their needs. Prisoners with health concerns that demanded a more substantial menu adjustment were subject to a referral by the NHS, and bespoke menus were shown to inspectors that met these nutritional needs. Self-contained boxes containing one day's worth of food were found to be available for prisoners who observe Ramadan. This allowed a prisoner to manage their own food intake at a time of their choosing.

The menu was on a four-week rotation and changed from summer to winter. Prisoners ordered their food 48 hours in advance via the kiosk system. The kiosk system informed prisoners of ingredients and allergies, which is seen as good practice, but falls short of detailing what the allergy content actually is. Fruit was supplied to the halls on a Tuesday and a Thursday. The delivery tended to be snapped up by prisoners on arrival, with no limit on what each could take. This meant that there was not a daily structured provision of fruit.

There was no process in place to inform prisoners of the calorific or nutritional values of their food choices. Some of the calorific and nutritional information of items on the menus were held by the kitchen, but when certain items were chosen at random by inspectors the staff could not locate them. The prison did not refer to a nutritional software programme to direct catering staff in providing a balanced healthy menu. HMP Addiewell had recently introduced a new "Drive" platform, which had the potential to ensure menus were controlled for calories and nutritional value, but there was no evidence that it was being used to inform menu selection at the time of the inspection.

Inspectors examined the daily menu choices and found that generally breakfast provided around 300 kcals, lunch around 400/600 kcals and dinner 700/800 kcals, with additional bread and canteen options also available on each hall. The recommended daily intake for an adult of around 2,000 kcals a day could be easily met. It was seen that through choice; a prisoner could exceed their daily kcal intake by making poor and unhealthy meal choices but could also meet this intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, this was deemed to be satisfactory.

In addition, it should be noted that inspectors found it difficult to accurately comment on the daily calorific intake of prisoners, as the quantity of food provided to them by the pantry staff varied so much. Inspectors confirmed that there was no training provided to pantry staff in respect of portion sizes. This was the main reason the kitchen was regularly asked for more food to be delivered to the halls at mealtimes,



as the food allocation would run out before all prisoners were fed. To exacerbate this, it was seen that staff did not actively supervise the allocation of food by pantry men to prisoners at mealtimes.

Cleanliness of the pantries was generally good. Inspectors witnessed food trolleys being loaded in the kitchen and followed to the pantries as close to mealtimes as possible. The food trolleys used at lunchtime were not heated and carried both hot and cold meals. In addition, the doors of some trollies were either defective or missing, this required cling film to be wrapped around the trollies to keep food and trays in place.

On arrival at the pantry, the trollies were seen to be unloaded and food placed on the hotplates for serving. It was seen that whites and gloves were worn and temperature checks were carried out on hot food in the majority of pantries (but not all) monitored by inspectors. However, cold foods such as cheese and tuna mayonnaise were seen to be placed on the hotplates increasing their temperature to the point of melting on some occasions. It is just as important to ensure cold foods are subjected to temperature control as hot foods, including when it is received, stored, displayed, or transported to make sure it is safe to eat.

Inspectors were advised by staff that a new online system called “Drive” was in the process of being implemented in the prison. This platform was owned and operated by Sodexo. Inspectors were informed that it would allow the company to better manage their food delivery service by developing standardised menus and recipes that had been researched, vetted, and complied with nutritional requirements. It also aimed to reduce food waste and costs. Until this system is fully implemented, the prison could not confidently evidence the nutritional values or portion sizes of their menu options.

The HMP Addiewell kitchen did hold the “Healthy Living Award” where all menus were approved by Public Health Scotland. It expired during the COVID-19 restrictions and had not been applied for since. In addition, it was noted that the prison had been the holder of the “Eat Safe” award that is awarded by Food Standards Scotland for exceptional food hygiene standards that go above and beyond the legal requirement. Again, this had expired during the COVID-19 restrictions and not been applied for. It would be good to see the prison work to achieve both these awards again in the future.

**Recommendation 12:** HMP Addiewell should ensure that cold food is temperature controlled and not placed on the hotplate.

**Recommendation 13:** HMP Addiewell should provide lunch trollies that are fit-for-purpose and able to safely carry both hot and cold food.

**Recommendation 14:** HMP Addiewell should ensure training is provided to pantry staff in respect of food portion sizes.

## Standard 3 – Quality Indicators

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

Rating: Generally Acceptable

HMP Addiewell supported those at risk of self-harm or suicide through the TTM process. A concern form was raised, and a determination was made as to whether it was an incident of self-harm or if the level of crises required the full TTM process to be applied. A review of those who had been managed as an incident of self-harm was carried out and it was noted that there were occasions when the concern form had not been uploaded to PR2. As this was evidence of the decision-making process, efforts should be made to ensure this is completed.

During the inspection, there was one prisoner on TTM. Inspectors attended one TTM case conference which was managed well, with the appropriate people present and positive actions being put in place. The prisoner provided positive feedback on their experience of the process. However, it was noted that the initial paperwork used was a previous version. This was echoed during a review of the historical TTM files, where there were occasions when the previous 2020 version of the book was used rather than the updated 2021 version.

The general quality of the narratives was positive and showed good engagement with prisoners. However, there were a number of procedural issues identified during the review, including incorrectly completed books with missing signatures or sections not filled in, and pre-case conference healthcare assessments taking place during or after the case conference. There were instances where there was no indication if the prisoner had attended the case conference, or a reason if they did not. This was echoed when inviting a friend or family member to a case conference where there were no reasons given. Some of these issues could have been identified through the weekly secondary assurance audit by a senior manager, required by GMA 22A/21. However, there was no auditable evidence to show that these were being carried out.

Within HMP Addiewell, inspectors were informed that all cells were designated safer cells, and this was confirmed by their estates department. This could cause issues when the levels of crisis that a prisoner faced required them to have limited access to items for their own safety, as it would require the items being removed from their cell or an alternative cell being available. There were three cells with photo-chromatic glass screens within the establishment to allow easier observations. However, these were being used as part of the design capacity and were occupied at the time of the inspection by prisoners not being managed under TTM.

**Recommendation 15:** Up-to-date TTM books should be used and fully completed. Consideration should be given to the introduction of an auditable secondary assurance process.

**Recommendation 16:** HMP Addiewell should clarify the definition of safer cells and ensure they are available for use by those in crisis.

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

Rating: Generally Acceptable

All prisoners had access to the Samaritans through the phone and kiosk systems. Listeners were available within the establishment, and those who had engaged in the process spoke positively of the experience and staff encouraged its use. At the time of the inspection there were only two prisoners trained as Listeners for the whole establishment.

Prisoners who felt at risk were able to request protection and once moved to an identified protection area the protection process paperwork was completed. A review of this paperwork showed it was of an acceptable quality and appeared to be reviewed to ensure the continued appropriateness of remaining on protection. The ongoing issues appeared to be that the number of prisoners requiring protection were increasing and they were housed in multiple areas of the establishment. As a result, there were instances where the protection process paperwork was not being completed until they moved to a protection area. Protections held out with the establishment's designated protection areas were looked at in collaboration with SPS population management, with a view to being transferred to an alternative prison. There were positive relationships in place to work with other establishments to resolve this issue.

The Diversity, Equality and Inclusion (DE&I) Team had started to engage with those prisoners who were protected under the nine characteristics, and there were DE&I representatives and wing ambassadors being identified. However, there seemed to be a link missing between this process and actions available to minimise the heightened risk of harm or abuse that prisoners who fall into the protected characteristics may face. For example, prisoners at risk were identified as an agenda item on the Safer Custody Meeting (see QI 3.4) and strategies for managing them were discussed weekly.

**Recommendation 17:** Due to the potential risk of harm of those that fall under the protected characteristics, the DE&I Team should be represented at the Safer Custody meeting.

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

Rating: Poor

The HMIPS pre-inspection survey highlighted concerns about the levels of safety within the establishment, and these concerns were mirrored by staff, prisoners, and inspectors during the inspection. The overall feeling within the residential areas, particularly in those wings where the population was mixed, was that there was insufficient experienced staff to manage the numbers and the regime. This allowed

opportunities for violence to occur. These issues appeared to be exacerbated by the contractual agreement to have prisoners unlocked for a minimum of 12 hours per day.

Inspectors noted that the structure of the halls were such that the line of sight for staff and Closed Circuit Television (CCTV) between the lower and first floors was good but was being hindered by the practice of allowing prisoners to hang towels and clothing to dry on the upper railings. This was brought to the attention of management at the time of the inspection.

Inspectors viewed movements through the establishment where multiple population types from different areas, including protections, were moved at the same time in order to meet the requirements of the regime.

Throughout the inspection, it was observed that hall staff frequently remained at the desk at the entrance to the hall and did not engage with prisoners in the halls, meaning there was limited understanding of any issues within the area. Due to the staffing shortages, staff were often cross-deployed, carrying out a number of different roles, in different locations. Prisoners highlighted that the constant changing of staff and limited experience led to a lack of consistency in dealing with issues.

**Recommendation 18:** HMP Addiewell should review safe staffing levels within the establishment.

**Recommendation 19:** HMP Addiewell should ensure that clothing and towels are not hung on the upper floor railings blocking lines of sight.

**Recommendation 20:** HMP Addiewell should ensure protection and mainstream prisoners are kept separate during movement within the prison and contact minimised.

**Recommendation 21:** SPS and Sodexo should review the contract to ensure the contract does not inadvertently inhibit the safe and effective management of prisoners, in particular in relation to provisions around minimum periods out of cell.

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

Rating: Generally Acceptable

At the time of the inspection, the establishment was in the process of relaunching the Anti-Violence Strategy, drawn from the Scottish Government's four strands of Divert, Deter, Detect and Disrupt. There were a number of measures of success contained within the Strategy, however at the time of inspection it was too early to determine if they have been met.

Part of the Strategy was the utilisation of weekly Safer Custody Meetings which were chaired by the Head of Rehabilitation and included the Head of Residential, Residential Unit Managers, SPCO's representatives, the Intelligence Management Unit (IMU) and the Rehabilitation Unit team. These were also attended by Healthcare, Faith Team Members, SPS Controllers, Prison-based Social Work (PBSW), Education, IPMs and anyone else deemed appropriate. On a weekly basis, every incident of violence, self-harm, TTM, those under the influence (UTIs), unauthorised articles, use of restorative approach and death in custody was discussed, as well as any other prisoners at risk or of interest. The focus of the meeting was not solely on the operational management issues but used the wide variety of partners in attendance to identify appropriate interventions or supports that could be put in place in an attempt to tackle the underlying issues causing residents involvement in the incidents. This ensured a co-ordinated approach to reducing significant issues was taken. It also ensured that there was the ability to ensure that all stages of the incident had been managed and that there was paperwork to support it.

**Good Practice 5:** The Safer Custody Meetings used by HMP Addiewell allowed for significant incidents of all levels to be discussed by a multidisciplinary team, and actions to be agreed by those present to best manage the outcomes and ensure that supports and interventions are in place.

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

Rating: Generally Acceptable

The establishment were in the process of relaunching the Step in Step up Anti-bullying Strategy at the time of the inspection, which looked to put victim support at the centre of any instance of bullying and tackling the perpetrator. However, at the time of the inspection, as it was early in the relaunch, evidence of it being put into practice was still to be gathered. The importance of this launch was evident by the pre-inspection survey where 41% of the respondents had reported that they had been abused, threatened, or assaulted by another prisoner.

HMP Addiewell had a restorative approach to managing issues. The process was victim initiated and led and used by both staff and prisoner facilitators. The process was designed to be used informally for low level issues such as disputes, access to a phone, anti-social behaviour and differences of view, and a more formal process for higher level issues such as violence, fights, assaults, and informal issues that escalate. At the time of the inspection, there were 16 staff and three prisoner facilitators. Staff and participants perceptions of this process were positive. However, it appeared to be under used with only 16 initiations during 2022.

**Good Practice 6:** The restorative practice, which could be resident, or staff facilitated, empowered victims to challenge those who had bullied or harassed them and allowed issues to be resolved at the lowest possible level without threat of repercussion.

**Recommendation 22:** HMP Addiewell should look for ways to increase utilisation of restorative practice as widely as possible within the establishment.

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

Rating: Satisfactory

Response preparedness within HMP Addiewell was underpinned by the Sodexo three checks for safety, giving staff responsibility for determining if they were confident and prepared for their role. Responsibility for the management of the response system sat with the Head of Operations. Staff carried radios that also contained a staff alarm function, and a member of staff in each residential area wore a body worn camera. There was a maintenance contract in place for the radios, alarms and body worn cameras and they were regularly tested.

First and second response was allocated by an operations SPCO every morning to specific members of staff once they knew which staff were based in each location. This list was then sent to the Emergency Control Room (ECR) who then radioed each responder to inform them of their responsibility, receiving a confirmation, before moving on to notify the next responder. This response list was updated in the afternoon when the alternate shift reported for duty.

The establishment had the expected suite of contingency plans, specialist equipment and trained staff to meet the needs of managing emergencies and unpredictable events. Staff were trained on-site to the appropriate level and utilised appropriate techniques. Any instances of these techniques being applied were reviewed by the Head of Operations.

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

Rating: Generally Acceptable

An experienced Safety & Risk (S&R) manager was employed within HMP Addiewell, with responsibility for all aspects of Health and Safety (H&S). It was noted that the SR manager was in the process of handing over the role to their replacement. They reported to both the Director locally and to a Corporate Manager to share practice across the custodial sites. The establishment provided a quarterly review to support performance.

Risk Assessments and Safe System of Work/Standard Operating Procedures (SOPs) were generated corporately, with the S&R manager developing local versions when necessity arises. For key areas of assessment, including fire safety, the conducting of risk assessments was outsourced to commercial providers.

A Fire, H&S Committee, supported by senior managers, sat monthly, and generated an action plan drawn from various sources, including risk assessments, accident investigations, near misses and incidents.

H&S checks were carried out as part of the 'Safety Walks', with the S&R Manager sending out reminders twice a month. However, it was acknowledged that there had been a drop off in these and that there was no set schedule, meaning that there was no guarantee these 'walks' were being carried out in all areas.

In-cell fire rescue training was carried out as part of an initial training course and had an annual refresher. At the time of the inspection, this training competence was at 37%. H&S training was also carried out during the initial training course to give staff an overview of practices.



## Standard 4 - Quality Indicators

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

Rating: Satisfactory

All instances where UOF had been required were in line with SPS Rule 91 of the Prisons and Young Offenders Institutions (Scotland) Rules 2011 and was covered in Sodexo's ADD21 Use of Force Policy.

Since January 2022, there had been 257 incidents where UOF was used. A random sample of UOF paperwork was checked and all indicated that the correct level of force was used, whether it be 'come along' holds or secure locks. The report writing was of an acceptable standard, although some could have given more detail. On completion, the UOF forms were audited by the Head of Operations before being sent to the control and restraint (C&R) co-ordinator for storage.

All instances where UOF was deployed were discussed at the weekly UOF meeting, chaired by the Head of Operations. CCTV was reviewed and any issues for learning or good practice were identified. Should the Head of Operations decide that any behaviours did not meet the code of conduct, investigations were initiated. Two prison staff had been dismissed in the past year for unacceptable behaviours during removals.

HMP Addiewell kept an in-depth spreadsheet of statistics for all removals, and these evidenced whether the removal was video recorded or not, depending on whether the removal was planned or spontaneous.

Like many establishments C&R training compliance had dropped during COVID-19, with 55% of operational staff in competence. However, the prison had a training plan with C&R or Personal Protection Training (PPT) scheduled every week for the rest of this year. This should relatively quickly increase competence levels, coupled with a high number of new recruits who were C&R trained prior to taking up post.

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

Rating: Satisfactory

The SRU could accommodate up to 12 prisoners; during the inspection it was holding 10. All 10 were held there under Rule 95 conditions, and on inspection all rule paperwork was of the required standard. All prisoners managed under Rule 95 got the opportunity to submit self-representations as well as attend their case conferences. Inspectors observed a Rule 95(12) case conference which was chaired by the Deputy Director. This was conducted in a supportive manner, and the prisoner was given an opportunity to contribute as well as hearing from others in the



room, including the SRU Manager and representative from the case work team, reflecting the importance given to those on an OLR.

All SRU prisoners had individual plans, which included daily narratives and weekly updates on the Insight System. These plans were individualised, and inspectors were pleased to see they allowed for access to the main prison gymnasium, as well as use of visit facilities and the kiosk system. On discussion, SRU prisoners confirmed that they had access to these facilities and received everything that they believed they were entitled to, but they do on occasion have to ask for copies of paperwork rather receive it automatically.

HMP Addiewell's Head of Residential attended the monthly Prisoner Monitoring and Assurance Group (PMAG) meetings, where longer-term SRU prisoners were discussed. The purpose being to try to move on prisoners who could not be re-integrated into circulation within HMP Addiewell.

Although at the time of inspection there were no prisoners being managed who were refusing to return to circulation the SRU team were able to clearly describe this process and provided evidence of prior use. This included attempts to reduce the 14-day period by trying to enlist the co-operation of the prisoner to return to circulation.

Rule 95(1) was also used for prisoners confined in their cells within residential areas, mostly pending orderly room appearances. Inspectors found no issues in this process; those observed were treated within the Rule 95 guidance. Some prisoners were being held under Rule 95(11) in the wings. On inspection it was found that in some cases there was no daily narrative to inform staff whether a prisoner had been offered fresh air, access to the phone, etc, and relied on a verbal handover from early shift or they asked the prisoner. Therefore, there was no assurance that prisoners had been offered their legal entitlements. This was brought to the attention of the Head of Residential who assured the inspector that it would be fixed.

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

Rating: Satisfactory

Disciplinary hearings were heard in the orderly room which was located within the SRU. All orderly rooms were chaired by the SPS on-site controller. The room was well set up to make the prisoner as comfortable as possible.

The audit of the orderly room paperwork was completed to an acceptable standard. The adjudicator was calm and supportive throughout. He ensured that the prisoner understood the process and the charge that they were accused of.

Inspector observed a number of disciplinary hearings, all of which followed a person-centred approach. The adjudicator ensured that all prisoners were given time to enter mitigation for their offence, prior to making their decision on guilt or punishment. After this, the adjudicator ensured that the prisoner understood the outcome and their right to appeal. The adjudicator also tried to be supportive rather

than punitive with their findings and discussed the reasons for the punishments with the prisoner which was positive.

Orderly room guidance was at hand if a prisoner wished to seek information on the process and also appeal forms in case a prisoner wished to challenge the outcome.

Although all prisoners observed spoke English, the adjudicator confirmed that they could contact a translator should the need arise.

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

Rating: Satisfactory

During the inspection there were no prisoners being managed on Special Security Measures (SSM). The Head of Operations confirmed a sound knowledge of the process to manage a prisoner under SSM conditions.

HMP Addiewell kept a record of prisoners who have been managed on SSM in their Central Management System (CMS). These indicated when review dates had been met and it was managed accordingly.

If any prisoners were held on SSM these details were noted on the duty manager's daily report to ensure the Senior Management Team (SMT) were aware.

As well as SPS Prison Rules, ADD29 of HMP Addiewell SOPs also covered the process for prisoners managed under SSM conditions.

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

Rating: Good

The process for cell and area searching was managed through the Security Team. A weekly list was sent to all residential areas, to identify which cells required to be searched to meet the quarterly standard. This was a good system and confirmed that HMP Addiewell were easily meeting their searching targets.

The pre-inspection survey indicated that 60% of respondents felt that they were never given a reasonable explanation as to why they or their cell had been searched, with only 14% saying they are given a reasonable explanation every time. However, when a prisoner search was observed, it was carried out in accordance with searching guidance by two staff with minimal fuss or loss of dignity. The staff completing the search had access to property cards via the CMS, and these were used to ensure property belonged to the cell occupant.

Due to prisoners being out of cell for the majority of the day, area searching of communal areas was done by the nightshift team, supported by the Tactical Dog Unit (TDU). Again, the Security Team oversaw this process to ensure all compliance targets were met.

On admission to reception, all prisoners were searched and also sat on the Body Orifice Security Scanner (BOSS) chair as well as being 'wanded' by a handheld metal detector for further assurance.

All prisoners moving from a residential area on the route were rubbed down and 'wanded' as they left the residential house block. However, there were occasions where inspectors observed prisoners leaving wings having not being rubbed down searched when the officers on duty were female.

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

Rating: Generally Acceptable

On admission to HMP Addiewell, prisoners had their property checked and logged onto a property card. Any valuables were noted and safely stored in a sealed bag, then placed in a safe within the reception.

All prisoners had access to the kiosk system, which enabled them to order goods using their personal cash account.

All prisoners had property cards in place, and they could be accessed by residential staff via the CMS. This allowed residential staff to check a prisoner's property which was useful when carrying out cell clearances.

The Addiewell Reception Team had processes in place for property checks, handing out of property and requesting property into use. All halls seemed to have an opportunity to take prisoners to reception to action these requests. However, there did appear to be issues with residential staff reporting that they quite often could not get to reception, and prisoners alluding that property appeared to go missing. On investigating, inspectors found that there had been 141 property claims this year to date. Fifty of them were still outstanding, with some claims having been outstanding for up to five months despite the establishment standard of 30 days per claim for resolution.

HMP Addiewell allowed families to hand in or post in property via mail. On inspection a lot of the property got handed in prior to visits and was picked up by staff and taken over to reception. Any suspicious parcels were taken to security for checking and/or testing on the Rapiscan machine.

ADD58 was the SOP for carrying out cell clearances, and staff were aware of the process of conducting a cell clearance. Using the property cards, staff were able to identify property belonging to the individual prisoner concerned.

The establishment had a process in place for prisoners to open bank accounts prior to release. There was a very informative booklet in place for doing this in conjunction with the HMP Addiewell Librite Team. However, there is no evidence that any prisoners had actually been able to open a bank account through this process as yet.

**Recommendation 23:** HMP Addiewell should identify the common issues with the handling of property within the establishment and carry out a review to help reduce the number of complaints received.

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

Rating: Satisfactory

Generally, most prisoner escorts leaving HMP Addiewell were undertaken by the escort provider GEOAmey. The reception manager oversaw this process and checked all Prisoner Escort Forms prior to the escort leaving.

If there were any extra risks highlighted, these were passed onto the escorting staff. During the inspection, inspectors observed a high-risk escort leaving for a hospital. The escort staff were well briefed, and Police Scotland were also informed prior to the escort leaving the establishment. This was well managed with minimal fuss, which gave inspectors confidence in the process.

HMP Addiewell followed the approved Emergency Escorted Days Absence (EEDA) process for prisoners to go out on escort for reasons such as funerals. All EEDA forms were signed-off by the Deputy Director or the Director.

ADD58 was the guidance document for all escorts, and this was available for all staff should they require further information.

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

Rating: Generally Acceptable

HMP Addiewell did not carry out any alcohol testing.

HMP Addiewell had a Mandatory Drug Testing (MDT) Unit which was fit-for-purpose. They did not have a dedicated MDT staff group but did have some staff trained to carry out testing, mostly from the security and activity staff groups.

Most testing was for progression purposes. All OLRs were meant to be tested regularly in line with their individual management plans, but there were gaps in this process. In 2022 there were 102 MDT tests carried out.

The Head of Operations acknowledged that there was a need to get more staff trained in drug testing but was having issues with sourcing this training.

**Recommendation 24:** HMP Addiewell should ensure more staff are trained in drug testing and address the gaps in the existing testing regime.

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

Rating: Generally Acceptable

HMP Addiewell had good CCTV coverage in all communal areas. They also had the added benefit of staff wearing body worn video cameras, which allowed them to record instances of violence or threatening behaviour as these occurred. All movement of prisoners was controlled by the ECR staff, who were able to view cameras to ensure the route was clear when moving groups of mainstream or protection prisoners.

The ECR staff presented a sound knowledge of the CCTV system. They also manage any electronic locking systems which allowed staff to move from the main building into the residential blocks. All other doors were of a non-electronic design.

Prior to the route moving, residential staff were sent a daily activity allocation sheet, to provide advance warning of who was due to move to any activity. Prisoners also had access to their personal planner on the kiosk system. Unfortunately, on observation, staff did not seem to stick to the allocation list and were more likely to only move the motivated prisoners rather than encourage others to move to their approved activity. However, with proper use, the process for tracking and monitoring movements would work well with the correct management of the process.

All prisoners who moved around the establishment, must also carry personal ID cards which they must have on their person to gain access to the activity areas.

**Recommendation 25:** The prison should more actively encourage all prisoners to move to their allocated activities to assist with maximising opportunities for purposeful activity.

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

Rating: Satisfactory

The checks on vehicles entering and leaving the establishment were robust. Once the vehicle entered the vehicle lock, the gate staff checked on the expected identity of the vehicle and the number of persons on board, if it was a prisoner escort vehicle. All delivery vehicles were searched in accordance with security standards, including checking the identification of the driver. There were records of all vehicle movements held within the gate area, which included a tick box to confirm the vehicle had been searched. HMP Addiewell also used a gate pass system which the driver passed to the vehicle search staff prior to leaving the establishment. This was a positive secondary assurance process.

Internal and external perimeter checks were carried out at least four times per day, mostly by the TDU and/or Security Team. Any issues were reported, and any finds were placed in a production bag and recorded as per guidelines. Inspectors

observed the TDU on one of their perimeter checks and found it to be of a good standard. Should any issues, such as damage to fencing etc, be found, this was reported via the internal 'MAXIMO' system to the maintenance team.

An inspector attended a nightshift patrol and confirmed that the nightshift outside patrol officer carried out internal perimeter checks as part of their nightshift duties.

## Standard 5 - Quality Indicators

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

Rating: Generally Acceptable

There was guidance available within Operational Procedure (OP) ADD 59 to inform staff of the process for notifying family/friends if a prisoner became seriously ill or was admitted to hospital, and what consultation should take place with the prisoner. SPCOs spoken to were aware of the process and PCOs said they would defer to their SPCO for advice. SPCOs were also able to explain the process for the reverse, if critical information needed to be passed from family/friends to a prisoner. Information usually came into the ECR or directly to the prisoner via their in-cell phone. SPCOs managed the process for delivering the information to the prisoner if necessary, either by encouraging them to contact their family, speaking to them themselves or involving a PCO if there was an established relationship with the prisoner. Prisoners were offered access to a private room and use of the SPCOs telephone if they had no credit on their in-cell phone. They were also offered follow-up support with, e.g. faith services or a Listener. Inspectors were unable to find this process written down anywhere and staff spoken to were not aware of any guidance.

HMP Addiewell should update their Operation Procedures to include guidance for staff on the process for passing critical information from friends/family to prisoners, and ensure staff are aware of the guidance.

Inspectors spoke with a prisoner who had received bad news from a family member, via his in-cell phone, that his mother was seriously ill. He was very happy with the support offered, which included escorted leave to visit her in hospital. He reported that officers in the hall were very good with him, but he did not receive any response to a request to see mental health services within the prison following her death.

There was no Family Contact Officer (FCO) at HMP Addiewell to enhance contact between prisoners and their families. The Cyrenians were based in the Visitor Centre and prisoners reported that they provided a positive link with their families. Inspectors spoke with the team, who were keen to offer support where a death or serious illness had occurred. This could be an area for discussion at the recently introduced Family Strategy Meetings.

Inspectors were informed that prisoners had only just started to be invited to attend RMT and ICM meeting, and hope that this will be extended to family members.

Prisoners had in-cell telephony, access to hall telephones, access to Email a Prisoner and prisoner voicemail to allow them to maintain contact with their friends/family.

**Recommendation 26:** HMP Addiewell should update their OPs to include guidance for staff on the process for passing critical information from friends/family to prisoners, and ensure staff are aware of the guidance.



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

Rating: Poor

An area of concern during the previous inspection of HMP Addiewell in 2018 was that 37% of the residential staffing complement had less than two years' experience. Four years later, HMP Addiewell was in a worse position with over 50% of residential staff having less than two years' experience.

The HMIPS pre-inspection survey found that only 50% of prisoners felt that staff always or often treated them with respect. The most common comments made in the free text box was negative feedback about experiences with staff. Comments made related to the lack of experienced staff and lack of knowledge about how the prison operated, concerns that rules were sometimes not enforced and poor language used by staff when interacting with prisoners. During staff focus groups and the inspection, staff also reported observing other staff using inappropriate language towards prisoners and it was observed on one occasion by an inspector.

There were only two members of staff allocated to each wing. The wings held 60-70 prisoners and they were unlocked for most of the day, so the wings were busy. Inspectors observed numerous examples of poor behaviour from prisoners going unchallenged, including openly vaping out with their cells and use of unacceptable language.

Staff were observed spending too much time at the staff desk and not patrolling the wing, meaning they were either unaware of or unable to challenge unacceptable language and behaviour. It was obvious at times that the lack of knowledge and experience amongst staff was causing prisoners to become irritated. One inspector observed a prisoner shouting and swearing at a member of staff and the member of staff responding to them using the same language. It is important to say that inspectors also witnessed many staff, including those with little experience, trying their best to manage large numbers of prisoners in a professional and respectful way. This was corroborated in the last quarterly Independent Prison Monitoring report where they had observed some good examples of staff/prisoner relationships, but too often staff were based at the desk and not on the hall.

Relationships were further affected by the requirement to cross-deploy staff on a daily basis. This resulted in staff working in halls where they did not know the regime or the prisoners. This lack of stability did not allow relationships the chance to develop, which was a frustration for both staff and prisoners. Staff also reported that handovers were not taking place, resulting in key information not being passed on that could affect the safety of the hall and lose the trust of prisoners.

Both prisoners and staff reported that SPCOs were rarely seen in the halls supporting staff and interacting with prisoners, and this matched observations by inspectors. Inexperienced staff were desperately seeking guidance and support from their managers and prisoners were desperately in need of discipline and stability.



Both staff and prisoners reported feeling unsafe due to staff understaffing and inexperience.

**Recommendation 27:** HMP Addiewell must take action to provide a more stable and consistent workforce in the wings and increase the number of PCOs per hall.

**Recommendation 28:** HMP Addiewell need to look for ways to improve knowledge and skills amongst residential staff and offer the necessary support to staff at both PCO and SPCO level.

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

Rating: Poor

As reported during the last inspection of HMP Addiewell, there were no interview rooms in the residential areas. Rooms were available close by but PCOs were reluctant to leave only one other officer on the hall, so had private conversations with prisoners in their cell, at the staff desk, or in the pantry area if quiet. Staff spoken to said that they had time during their working day to have confidential conversations with prisoners.

In every hall, staff reported that confidential information such as TTM paperwork was stored in the locked cabinet next to the staff desk when not in use during the core day and then moved to the hub overnight.

Guidance was available to inform staff how to deal with sensitive data and potential security breaches, and subject access request forms were held in the hub area should a prisoner require one.

Prisoners were able to contact staff at any time of the day and night when locked up, via the intercom system that was managed by hub staff.

A recommendation from the previous inspection was that safes should be installed in all cells to allow prisoners to store confidential information. As reported in QI 2.1, prisoners now had a privacy key which allowed them to lock the door when leaving their cell. Safes had been installed in the double cells; however, they were not working in any of the cells checked. Therefore, prisoners did not have the option to keep confidential information from their cell mate.

The mail opening process appeared to respect prisoners' rights to privacy and confidentiality but needed reviewed. The flowchart provided to inspectors advised that mail was x-rayed, visually inspected by a member of staff, and searched by drugs dogs before it reached the halls. The process on the halls was that one officer placed themselves at the other side of the hall grill gate and shouted the relevant prisoners name before opening the mail in front of them. The officer then went to the hub area to photocopy all the mail, log any cash, put the cash in the safe and prepare receipts. They could be in the hub for 20-30 minutes, leaving one member of staff on the hall which we consider a safety risk. Inspectors heard from staff that

there had been occasions when mail had sat in the hub for a couple of days, which breached the guidance in OP ADD 59 on prisoner mail. Inspectors also heard that birthday cards sent to security for testing could take weeks to arrive with the prisoner.

**Recommendation 29:** HMP Addiewell should review the mail opening process to ensure there is more than one member of staff left on the hall, that it is distributed daily and that there are not significant delays following mail being sent to security to be tested.

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

Rating: Poor

In the HMIPS pre-inspection survey free text box, prisoners reported that there were issues with time management of the regime and that the route regularly ran late which caused frustration. Aspects of the regime such as gym sessions, religious services and work activities were often cancelled without much notice, due to activities staff being moved to cover shortages in residential halls. This was confirmed by staff and prisoners during focus groups and the inspection.

In addition to this, the regime was also affected by not allocating enough time to tasks or for staff and prisoners to move locations. Around an hour in the morning before the route moved was not sufficient for breakfast and medication, etc. Late afternoon/early evening some prisoners were having to choose between fresh air and dinner, particularly those returning from work or serving dinner. Inspectors heard from staff and prisoners that if they did not go out for fresh air when it was announced they were not allowed to join it later, i.e. after they had eaten dinner.

It was particularly difficult for the three wings with a mix of short-term, long-term and remand prisoners trying to implement more than one regime.

A recommendation from the last inspection was that protection prisoners in Douglas B should be given a regime. Inspectors were told by staff and prisoners that they had very recently been given a new regime which offered access to education, but prisoners and staff were concerned whether this would extend beyond the period of the inspection. This will be monitored by IPMs following the inspection. There was no consultation with the staff working there or prisoners about the new regime.

Douglas B was supposed to be an Early Days in Custody Wing but in reality, it had 23 mainstream prisoners, 40 protection prisoners, a handful of new admissions and three prisoners placed on Rule 95. The staff working there were excellent, but it was impossible for them to manage five different regimes alongside their other work tasks. HMIPS understand that it became a bubble hall during the pandemic for all new admissions, however there were only small numbers of admissions held there, and despite the higher percentage of protection prisoners, the regime was targeted at mainstream prisoners.

Inspectors observed and staff confirmed that Douglas B protection prisoners were being unlocked for 30-40 minutes in the morning for breakfast/medication, ate lunch in their cell, followed by an hour's recreation between 13:00 and 14:00. The regime was that they should also have their dinner in their cell, but staff were letting them out for 15-20 minutes. They did not have access to the gym and had only recently been offered access to education as part of the new regime. They did not attend the learning centre and could not book classes via the kiosk. Instead, a member of staff visited the hall to take the names of those who wished to attend, and the classes took place on the mezzanine level. According to the regime, the minimum amount of time protection prisoners were out-of-cell was three hours, maximum eight hours, which did not meet the contracted 12 hours of out-of-cell. The new regime offered them six hours of purposeful activity as detailed in OP ADD 12.

Inspectors observed with concern that mainstream and protection prisoners in Douglas B were being moved location at the same time, and protection prisoners left and returned from classes whilst mainstream prisoners were unlocked, which was a safety issue.

Prisoners and staff reported a lack of consultation about changes to the regime made in June 2022. Staff also reported a lack of face-to-face briefings from SPCOs, with prisoners often finding out about changes in the regime first as they were alerted via the kiosk system.

The regime was however visible on all hall noticeboards and the kiosk system and was available in other languages. It was also detailed in the Essential Information booklet during the admissions process.

**Recommendation 30:** HMP Addiewell should review the regime, in consultation with staff and prisoners, to ensure there is adequate time allocated to each task and sufficient time for both staff and prisoners to move location safely.

**Recommendation 31:** HMP Addiewell should either introduce a workable and equitable regime for protection prisoners in Douglas B or segment the populations differently.

**Recommendation 32:** HMP Addiewell should consider how best to timeously brief their staff on changes to the regime.

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

Rating: Generally Acceptable

Information was shared with all prisoners in HMP Addiewell via the kiosk system. The noticeboard section informed them of events and services taking place and

provided the facility to sign up. The kiosk also listed items available to purchase from the canteen.

With regards to consultation with prisoners, the HMIPS pre-inspection survey informed us that 53% of prisoners who responded said they were not asked for their opinions on issues, and over a quarter (28%) said that they were asked but things did not change. Routine prisoner forums had commenced in October 2022 but there was no prior evidence of participation and consultation with prisoners routinely taking place.

Following a review of prisoner forums, it was decided that they would take place every three weeks, and they were taking place during the first week of the inspection. There were three prisoner forums, one for each house block and another for protection prisoners. The prison sought volunteers via the kiosk system and 31 people applied. Every prisoner group and most halls were represented.

Inspectors were able to observe one of the forum meetings and it was well run. There was an agenda to follow and prisoners were able to bring up issues under set headings. Good staff/prisoner relationships were evident, prisoners were listened to, and good honest explanations were offered for what could and could not be changed. Notes and actions from the meeting were recorded and shared with Unit Managers and the Director, and the prison placed 'You said, we did' feedback on the kiosks after the meeting.

Inspectors noted from the minutes of the first forum meetings that prisoners had not been consulted about the Christmas canteen. This was disappointing, but it is hoped embedding the prisoner forum process will ensure they are consulted on the canteen moving forward. Inspectors also saw a PCF1 where a prisoner was advised to make any recommendations for changes to the canteen via the General Application area on the kiosk. Inspectors were unable to find this on the kiosk and facilities staff confirmed that they had never received any requests for change to the canteen via a General Application.

It is too soon to say whether things change following discussion at prisoner forums as they had not long started, but we will ask our IPMs to continue to monitor. Unfortunately, the NHS were unable to send a representative to the forum meetings due to understaffing. Whilst HMIPS understand the reasons for this, it would be extremely helpful for them to attend and consult with prisoners about healthcare issues, as this was a key area of discussion and featured heavily in our pre-inspection survey results and prisoner focus groups. Meetings to consult prisoners on how to spend the common good fund had fallen. Inspectors were informed that HMP Addiewell intended to add it to the agenda for future prison forums.

There was no mention of prisoner forums within the admission or induction material, therefore it needs to be added.

The noticeboards throughout the prison were up-to-date and accurate.

**Recommendation 33:** NHS Lothian should try to ensure a member of their team attends future prisoner forum meetings.

**Recommendation 34:** HMP Addiewell should resurrect consultation with prisoners about the common good fund.

**Recommendation 35:** HMP Addiewell should update the admission and induction material to include information about prisoner forums.

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

Rating: Satisfactory

The Prison Rules were available in the cupboard at the staff desk on every wing and in the library. The library also held a variety of legal texts should prisoners wish to see them.

OP ADD 23 provided guidance for staff on contacting diplomatic services on behalf of foreign national prisoners. The reception SPCO ensured they were informed of their rights on arrival and prisoners spoken to confirmed this. The Early Days Hall staff were knowledgeable about prisoners' entitlements on arrival. Translation services were provided where necessary and prisoners were able to choose their language of choice on the kiosk.

The agents visit area was fit-for-purpose and had sufficient rooms to accommodate agents visits and virtual courts. OP ADD 59 provided guidance for staff on prisoners' access to legal representatives. The legal visits system appeared to work well. Solicitors called a booking line to make an appointment and prisoners were informed via the kiosk that an appointment had been booked and it was added to their timetable. Prisoners and staff spoken to were positive about the process. Guidance on how to access legal services was included in the induction material. Staff reported that the Scottish Courts and Tribunals Service (SCTS) did not communicate delays with virtual court hearings commencing. This had been reported to senior staff in the prison but was an ongoing issue. It caused difficulty mainly at the end of the day when prisoners should be accessing fresh air, having dinner or receiving medication and were still waiting to appear. HMP Addiewell may wish to escalate this issue.

**5.7 The prison complaints system works well.**

Rating: Generally Acceptable

The HMIPS pre-inspection survey informed us that prisoners lacked confidence in the complaints system, with 84% reporting that the system worked badly, that their complaints were not taken seriously, responses were poor, and they go missing. This very much tied in with what our IPMs heard from prisoners. Protection

prisoners spoken to also told inspectors that they were threatened with a move to mainstream if they complained.

During the inspection complaint forms were available on every hall. New complaints boxes had been installed within the halls a few weeks prior to the inspection and were secure. This was a positive improvement as the survey results and comments made at prisoner focus groups said that the previous complaints boxes attached to the wall of the hub had broken locks, and therefore confidentiality was compromised with forms being removed and read. Also, because of their previous position, prisoners had to ask staff to place their forms in the box and there were no envelopes available for confidentiality. Inspectors checked every hub, and the remaining broken boxes should be removed. Not all staff and prisoners spoken to were cognisant of the change to the boxes so HMP Addiewell should ensure everyone is aware.

Following the last inspection, HMIPS recommended that the complaints process should be managed via the kiosk, and this is still our view. It would allow prisoners to track their complaint and dispel accusations that complaints forms go missing. The Director informed the inspection team that he was in early discussions with the SPS to arrange for this to happen.

Complaint numbers were high at HMP Addiewell, with over 500 received in the last six months and around 5% of PCF1s had been responded to late. To help deal with them more efficiently, the prison had allocated one full-time SPCO per house block to respond to complaints. Inspectors sampled some PCF1s and PCF2s. They were all responded to timeously and responses were of a good quality. PCF2 responses were appropriate and provided in a letter format which was a nice touch. There were only six complaints awaiting a response therefore the prison was up-to-date. The number of PCF1s had dropped by a third between July and October, but PCF2s had risen by over 60% between March and October.

Many of the complaints appeared to be of a trivial nature that could easily have been resolved by prisoners seeking assistance from PCOs on the halls. Prisoners told inspectors that the lack of knowledge and experience amongst the staff group meant they were having to resort to submitting a PCF1 to get a response to straightforward queries. The most common PCF1 complaint related to property and the most common PCF2 was staff. As suggested in QI 4.6, HMP Addiewell may wish to identify the common issues with the handling of property within the establishment and carry out a review to help reduce the number of complaints received.

One hundred and twenty PCF1s had been progressed to the Internal Complaints Committee (ICC) in the last six months, 20% of which related to property. Inspectors observed some ICC hearings during the inspection. They were well run, and the prisoners were satisfied with the outcome. The hearings took place weekly, and the supporting paperwork was appropriate.

There was information about the complaints process in the induction material, but there did not appear to be any guidance on the kiosk or in the Essential Information booklet provided during the admissions process. Guidance on making a complaint to the SPSO was available in the hub area should prisoners request information



about it, but there were no forms available in the residential or hub area. HMP Addiewell should consider advertising the complaints procedure on the kiosk as there was no information displayed on noticeboards.

There was guidance available for staff in OP ADD 54 on how the complaints system worked for both prisoners and visitors, and staff spoken to were mostly aware of how it worked. The guidance on the IPM process required to be updated as it referred to the IPM boxes which no longer exist.

For visitor complaints, a complaints procedure poster was displayed on the wall behind the staff desk in the Visit Room. It asked visitors to speak to a member of staff if they were unhappy, if staff were unable to resolve, visitors should request to speak to a senior member of staff. If still unhappy they should complete a form available in the visit hall or visitor centre. Inspectors spoke to a member of staff in both areas and the Visitor Complaint Forms (VCF1) were not readily available or a box to place them in. They would need to ask a member of staff to print one out and then hand it to them to be investigated or post it into the prison. HMP Addiewell need to ensure forms are readily available and that visitors can complain confidentially.

See QI 8.1 re D&E complaints.

**Recommendation 36:** HMP Addiewell should remove the remaining broken complaints boxes from the hub walls and ensure all staff and prisoners are aware of their new location.

**Recommendation 37:** HMP Addiewell should add the management of the complaints process to the kiosk system (carried forward from 2018 inspection) and in the interim advertise the complaints procedure on the kiosk so that prisoners understand the process.

**Recommendation 38:** HMP Addiewell should take action to increase the knowledge of the PCOs to allow them to resolve issues at the lowest level and therefore reduce the number of PCF1s.

**Recommendation 39:** HMP Addiewell should ensure VCF1s are readily available and install a secure box to allow visitors to make a complaint confidentially.

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

Rating: Satisfactory

The HMIPS pre-inspection survey informed us that only 50% of prisoners who responded knew the role of an IPM, and only 40% said they knew how to contact them. However, IPM leaflets and posters were displayed throughout the establishment and information on the service was on the kiosk. Staff and prisoners spoken to confirmed seeing IPMs on the hall. According to the HMIPS Prison

Monitoring Recording System, 147 requests had been received in the last 12 months, which is high compared to other prisons of a similar size.

Of those that had contacted IPMs, less than a quarter reported a positive experience and 18% said they were unable to contact an IPM when they tried. According to the HMIPS Prison Monitoring Recording System there were 32 requests outstanding at the time of the inspection. IPMs were recently allocated to an area and HMIPS hope this will improve the service provided.



## Standard 6 - Quality Indicators

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

Rating: Generally Acceptable

There was a limited range of employment and training opportunities on offer to the prisoners. These included cleaning, catering, garden maintenance, painting and decorating, and cookery. There were opportunities available for around one-third of the prisoner population. The number of opportunities on offer aligned closely with the current level of prisoner requests. Of these employment opportunities, almost half were passmen roles. The offer for protection prisoners had only very recently been extended to reflect the proportion of the prisoner population more accurately. The overall provision took good account of the interests and needs of short and long-term prisoners, whose interests may differ.

A few work parties required full-time attendance for a period of weeks, so these could limit the opportunities for attendance at education, or use of the gym or library. Attendance within the employment work parties was generally lower than would be anticipated, and attendance within work parties were rarely, if ever, at capacity. This suggests that capacity was there to support more employment opportunities.

Reported PA figures represented the number of PA hours made available to prisoners rather than the hours of activity prisoners actually engaged in. This rendered the reported figures incomparable with the rest of the prison estate and gave no indication of how many prisoners were actively engaging with purposeful activity.

Working relationships between the staff and prisoners attending the employment opportunities were supportive and respectful. Prisoners enjoyed the work opportunities and benefited from the social elements and skills development. Although qualifications had historically been offered in many of these areas, in some areas such as painting and decorating there was currently no certification. The qualifications offered had been reduced or postponed because of operational difficulties. This lack of accreditation was a limitation on the impact and value of the work and should be rectified as soon as practical.

Focus groups and questionnaires allowed for feedback on the provision from the prisoners. Although few prisoners were aware of these formal feedback mechanisms, they did confirm that informal feedback was taken on board. As a result of formal and informal feedback, positive changes had been made to the provision and to the equipment made available in areas such as art.

**Recommendation 40:** HMP Addiewell vocational training staff should ensure accreditation is available in employment where formal work training to national standards is in place, in particular, in painting and decorating.

**Recommendation 41:** HMP Addiewell should change the allocations process to allow prisoners access to more purposeful activity opportunities.

**Recommendation 42:** SPS HQ should revise the contract with Sodexo and request HMP Addiewell's figures for the purposeful activity delivered and actual prisoner participation rates rather than scheduled opportunities.

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

Rating: Generally Acceptable

Work assignments were managed through a board which met weekly. Prisoners make a request through the kiosk system, and the board considered these requests. Prisoners did not attend the board. In most instances, the decision on acceptance into the work party was made quickly, having investigated the suitability of the circumstances. These decisions were communicated to staff. Where there was an acceptance or a refusal to be placed on a work party, prisoners were informed quickly. However, a significant number of prisoners who appeared to be on a waiting list had no clear feedback, and no understanding of whether they were on a waiting list or whether their request was progressing. This would be mitigated by attending the work assignment board in person. Prisoners whose requests were successful generally did not wait long for their requested opportunities, as there were relatively short waiting lists.

The range of employment opportunities on offer provided a reasonable match with entry level requirements in employment areas such as catering, facilities management, and construction. Food Hygiene for the Hospitality Industry, Construction Skills Certification Scheme, and BICSc training and certification was helpful in the local and national labour market. Staff were aware of initiatives and opportunities developing which may encourage and support prisoners to find work in facilities management. This had usefully influenced the decisions to have some appropriate additions to the vocational offer, including 'The Addiewell Safety Certificate' and Site Supervision Safety Training Scheme accreditation. In addition, further proposals were in place for barista work which again was well-focussed on employment opportunities. These initiatives highlight responding appropriately to prisoner feedback and demonstrating a useful awareness and response to employment trends.

Employment was driven by prisoner request, however, there was no structured advice or guidance given on useful choices. Many prisoners did not have a full appreciation of the needs of the developing employment market, or the mental health benefits of engagement. This limited their ability for informed preparation for potential employment opportunities in the future.

**Recommendation 43:** HMP Addiewell should ensure that prisoners are kept informed of the status of their employment request by attending the weekly assignment board.

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

Rating: Generally Acceptable

There was a limited range of good quality educational opportunities on offer. Popular programmes such as computing, art, and music were well attended. In most other classes, attendance was low, often having half or more of the available spaces unfilled. There was also a relatively high number of cancelled classes. Many of the residential staff were not fully aware of educational opportunities, or actively encouraging prisoner participation. There were short waiting lists for almost all educational programmes, so requests were dealt with promptly. Prisoners were consulted formally and informally on the provision, and as a result, topics and programmes such as astronomy have been added into the portfolio.

The quality of learning and teaching in the Learning Academy was good, and in some cases very good. There were purposeful and respectful working relationships between staff and prisoners, and high levels of individual support. However, the sessions of over three hours were not conducive to good learning, and work to split this longer session in two was hampered by the lack of available staffing to escort prisoners. Most engagement and recruitment onto education programmes was through positive peer recommendation. There were some issues regarding certification being provided. For example, IT issues had constrained the delivery of European Computer Driving Licence (ECDL). The delivery of business classes to support self-employment, and some programmes specifically aimed at developing confidence and wellbeing were having a notably positive impact on those who engaged. These were clearly helping prisoners to further develop social skills and provide useful support for their resilience and mental health.

There was some innovative delivery happening in partnership with an American university under the banner of the Prison Education Project. This had allowed for some learning to be delivered, some in person and some remotely, which brought in teaching expertise that would not otherwise have been readily available. Four teaching topics were recently selected from a menu for remote delivery, facilitated by HMP Addiewell education staff, with delivery being led by the university. This allowed topics such as film studies, and rap music to be explored, providing an interesting range of sessions and topics to broaden the horizons of prisoners. The external expertise was particularly helpful in the programme focussed on building healthy relationships, which had a clear and positive impact on those who engaged.

There was some provision delivered in the training areas in the residential blocks which was helpful in minimising the need for prisoners to be moved around the building. Where prisoners had more intensive learning needs, there was good support from the Additional Support Needs tutor. The base for this work, located in the Learning Academy, offered a quiet and calming space. There were approximately 50 prisoners being provided with this level of more intensive individual support. Learning programmes were appropriately tailored to meet the needs of the prisoners. The support offered to prisoners through this service both for learning and pastoral support made a significant difference.

**Recommendation 44:** HMP Addiewell should ensure that accreditation in areas such as computing are provided where work is being delivered to a national standard.

**Recommendation 45:** HMP Addiewell should promote the education offer further to residential staff and enlist their support in encouraging participation.

**Recommendation 46:** HMP Addiewell senior managers should split the three-and-a-quarter hour session into separate shorter sessions so that prisoners can move between classes to maintain motivation, encourage participation and an improved learning experience.

**Good Practice 7:** The Learning Academy had extended the options and expertise available to prisoners through working with a university on the Prisoner Education Programme, bringing an improved range of options, and supporting appropriate remote delivery.

**Good Practice 8:** Within the Learning Academy, good quality delivery and supportive and purposeful working relationships created a relaxed, safe and effective learning environment.

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

Rating: Generally Acceptable

The prison offered a limited but sufficient range of physical and health educational opportunities and these were available to all prison populations. The gym and fitness areas were well-equipped with a wide range of facilities and equipment including free weights, cardio exercise machines, spin bikes, badminton/tennis court, and an outdoor football pitch. Carpet bowls was recently reintroduced after a request by prisoners. In the residential halls, pool and table tennis tables were available and cardio exercise machines were also used by some prisoners in the wing gyms. However, boxing gloves, shin pads and other personal protective equipment which was removed due to COVID-19 restrictions had not yet been reintroduced.

A few events were organised to encourage participation, such as the popular football matches with Street Soccer Scotland. A 'strongman' event had been organised but initially high participation in the training had started to fall away. Other events held prior to the pandemic had not yet restarted.

The gym was reasonably well-attended, and prisoners were highly engaged in developing their own individual fitness levels. All prisoners who attended the gym completed a gym induction. Individual fitness programmes were provided by the physical trainers (PTs) on request. The relationship between the PTs, prisoners and passmen was positive and purposeful. There was scope to increase the range of

organised activities and events to motivate and encourage engagement and to enhance participation levels.

All prisoners had the opportunity to complete a health education programme, and it was a popular choice. The short course covered basic anatomy, exercise, nutrition and mental health. The tutor used a range of approaches which engaged and motivated prisoners. The yoga class was particularly popular. However, protection prisoners whose learning was based in residential areas had poorer facilities than mainstream prisoners, for example being unable to view educational videos. Within the gym, there were no opportunities for prisoners to complete accredited physical education courses.

The current regime and timing of route movements had limited the number of prisoners using the gym each day. Sessions often started later than planned. Prisoners were not routinely consulted about the range of physical and health education opportunities.

**Recommendation 47:** HMP Addiewell should provide a greater range of events, team-based activities, competitions and opportunities for accreditation to motivate prisoners.

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

Rating: Generally Acceptable

Prisoners had access to a well-stocked library, including an appropriate mix of fiction and non-fiction titles. Books included a selection in languages other than English, easy to read titles, a self-help section and a few graphic novels. A small section with DVDs included titles in English and other languages. Older library stock, books and DVDs had been distributed to the residential blocks to make them more accessible. A few prisoners used a 'request and collect' service to ask for additional titles. The library staff waited until they had a sizeable list before ordering new books. As a result, the books requested could be slow to arrive. The addition of the request service to the PICS had recently resulted in an increase for easy read books, helpfully supporting those prisoners with literacy needs. The few prisoners who attended the library also had access to daily newspapers. An equality, diversity and inclusion newsletter was also available.

Library staff were approachable and helped prisoners to access titles that interested them and encouraged them to try new books which had been promoted through wall displays. Library staff ran a weekly book club and organised monthly bingo sessions and themed quizzes. They recently started two therapeutic writing groups, one for mainstream and one for protection prisoners. An ambassador had started a weekly chess club at the request of prisoners.

The librarian visited the residential wings, each one twice a week on rotation, to distribute books and newspaper extracts in languages other than English to a few prisoners. There were no links to other local libraries or access to the inter-library

loan service. A library induction was not offered, although a slide about the library was included in the education 'what's on' induction presentation. There was limited information available in the library about other services and little evidence of themed activities and events throughout the year. Promotion of the library across the prison was limited and mainly through word of mouth and the kiosk system. The library opened every weekday, but the number of prisoners observed attending the library was relatively small.

**Recommendation 48:** HMP Addiewell library staff should promote the library offer further to all staff and prisoners, including a stronger approach to induction, to encourage increased participation.

**Recommendation 49:** HMP Addiewell should develop a stronger offer of cultural and thematic events and activities throughout the year to further encourage participation.

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

Rating: Generally Acceptable

There was a limited but sufficient variety of cultural, recreational and self-help activities. This included sports, arts and music, through the Learning Academy, library and house blocks. The Chaplaincy offered a programme of pastoral support, and the prison has two 'Listeners' trained by the Samaritans.

The recently launched radio station was very popular and engaged prisoners well. The radio station was still in the early days and more could be done to use this as a mechanism to promote the support available, and to highlight prison news and events.

All prisoners had access to the range of services offered by the Chaplaincy. The Chaplaincy team tried to meet new prisoners in the first week. Meditation and mindfulness were included in the timetable as well as religious services and bible study groups. There was a vacancy for an Imam which the Chaplain was recruiting for. Staffing issues were making it difficult for prisoners to be brought to services, especially at the weekend. This impacted on attendance at Saturday mass. Prisoners had influence over which charities to support and chose Mary's Meals this year. The Chaplaincy staff worked well in supporting prisoners through bereavement, addiction and mental health.

There were supportive relationships between Chaplaincy staff and prisoners. There was also a TTM service where prisoners could approach staff. There were two 'Listeners' trained by the Samaritans who provided peer support. New prisoners could ask to speak to a Listener, but other prisoners also approached the Listeners informally. A prisoner had to approach a staff member if they wanted to speak to a Listener and it was recognised that this could be a barrier.



Prisoners within house blocks had access to recreational resources such as table tennis and pool tables on the wing. Prisoners used these often when cells were open. A disadvantage was that it discouraged attendance at the Learning Academy. There were some organised thematic events such as remembrance services, Black history month and Christian holidays which prisoners could engage with. However, across the prison there was no clear leadership and co-ordination of this cultural work.

**Recommendation 50:** HMP Addiewell Senior managers should ensure there is a greater range of cultural and social events, which fully reflect the diversity of the community celebrated throughout the year to motivate and engage prisoners.

**Good Practice 9:** The range of useful support activities offered by the Chaplaincy team was having a positive impact on the wellbeing of several prisoners.

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

Rating: Poor

Residential areas offered all prisoners access to fresh air for 60 minutes per day. The published regime stated that it would begin at 16:10, however staff and prisoners confirmed this start time was never achieved. Although some prisoners went out for fresh air, many did not as the evening medication was issued at 16:45 and the evening meal was served at 17:00. Prisoners stated that they had to choose between taking fresh air and receiving any evening medications, and that although their evening meal would be kept for them it was often cold by the time they returned inside. Pantry passmen were not permitted to access exercise due to the requirement for them to serve the evening meal, and no alternative time outside was offered.

Some protections prisoners stated they did not take fresh air due the level of verbal abuse they received from mainstream prisoners. This issue was raised as a concern in the previous inspection and does not appear to have been addressed.

Prisoners located in the SRU all reported having access to exercise daily. Individuals being managed on a Rule 95 or Rule 41 in the residential halls were reported to be offered exercise, however there was no assurance sheet available to evidence this.

During the inspection, there was poor weather and those who chose to go outside wore their own jackets. Staff stated that prisoners were entitled to ponchos, however there were none available for issue. Prisoners were permitted to return inside if they chose to do so, however due to the time fresh air was offered it was dark before the full hour was finished. Although the yards had some floodlights, these did not provide sufficient lighting to ensure safety observations could be carried out.

**Recommendation 51:** HMP Addiewell should change the time-of-day prisoners are offered fresh air to ensure it does not clash with medication or meal issue.

**Recommendation 52:** HMP Addiewell should change the time and process for protection prisoners taking fresh air to reduce the levels of abuse experienced by those who wish to go outside.

**Recommendation 53:** HMP Addiewell should ensure weatherproof garments for those taking fresh air are available and provided to all prisoners during periods of inclement weather.

**Recommendation 54:** HMP Addiewell should implement a process of assurance for access to fresh air for prisoners being managed on a formal rule out with the SRU.

## **6.8 Prisoners are assisted in their religious observances.**

Rating: Satisfactory

The Chaplaincy team had suffered significant staff shortages for over a year. A new co-ordinating chaplain was recently recruited and had made a significant impact on the delivery of services and the opportunity to access both religious and pastoral care.

Evidence was provided of support given to Sikh, Jehovah's Witness and Buddhist prisoners, and an Imam had recently joined the team. To support non-English speakers religious services had been delivered in Polish, and a community faith group was approached to support Mandarin speakers.

The Prison Fellowship delivered the Sycamore Tree course, and the Chaplaincy team delivered the popular Celebrate Recovery course. Mindfulness and bible study classes were available to all prisoners.

Protection prisoners had access to Catholic Mass once a month but did not have access to collective worship in a Reformed service. This issue was raised at the last inspection.

Prisoners who suffered a bereavement were offered one-to-one support, and virtual attendance at funerals was facilitated by the team.

**Recommendation 55:** HMP Addiewell should ensure protection prisoners have regular access to a Reformed service.

**Good Practice 10:** Collaborative working with community organisations to remove language barriers in practicing faith.



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

Rating: Good

Prisoners were provided with a booklet upon arrival which contained information on using the in-cell telephones and booking a visit. The kiosk system allowed prisoners to book visits themselves, and the dedicated booking phone line was available for anyone visiting those on remand.

The visits ran on a rolling schedule with space available each afternoon, and Tuesday to Friday evenings. Family visits took place on Saturday and Sunday morning and were supported by Cyrenians workers. The support staff ran a well-stocked play area and were available throughout the bonding visits to facilitate play and to offer support to the prisoners and families. This was practice worthy of sharing.

A variety of family orientated events had been facilitated including a recent Halloween party, and the feedback received following 'The Little Iceberg' play was overwhelmingly positive from prisoners, families, and staff. 'Breakfast with the McCrae's' was another example of a joined-up approach to facilitating a fun and educational format for the family sessions and was supported by the Scottish Book Trust.

The Cyrenians delivered parenting classes with mums and children attending the group in the morning followed by an additional family visit in the afternoon. The prisoners engaging then went on to a parenting class in the Academy with all elements facilitated and supported by the Cyrenians Team.

The Family Strategy document was thorough and well presented, however not all elements were being delivered.

Prisoners overwhelmingly praised the in-cell telephone system and were appreciative of the 300 minutes provided each month. Although there was a process for foreign national prisoners to receive an additional £10 phone credit, it was disappointing that only two prisoners had received this in the last four months.

**Good Practice 11:** Trauma-informed Cyrenians workers attended all family sessions facilitating play and offering support to families and prisoners.

**Good Practice 12:** Parenting classes were delivered to mums and dads separately and included an additional visit.

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

Rating: Generally Acceptable

The Visitor Centre was based within the main building and was managed by the Cyrenians. The Centre was light and bright with ample information available and was staffed by trained family support workers and volunteers. The staff within the centre were knowledgeable and supportive, and reported a good relationship with prison staff.

The process for admitting visitors through the secure line and into the Visit Room was observed to be very security-focussed and not person-centred. There were insufficient lockers provided for families to store their personal effects securely, and the rules surrounding which articles could be taken into the room were not consistently applied. Families complained that some children were not permitted to take teddies into the visits. The Cyrenians Team had developed a process to overcome this issue by providing children with an 'Addie the Alpaca' teddy to take with them.

During the time of inspection, one visitor was not permitted to take an essential medical aid into the Visit Room despite having been granted this on previous visits. The visitor had waited for over 60 minutes for the prisoner to arrive which exacerbated the medical issue. There were several examples of visitors waiting in the Visit Room for more than 45 minutes before their visits started. During these waiting times there was little interaction from the visits staff to explain the reason for the delays. This issue was raised as a concern in the previous inspection and urgently needs to be addressed.

Apart from the waiting times, most visitors reported having a positive experience. The Visit Room was light and bright with engaging artwork created by prisoners displayed on the walls. The staff were unobtrusive when monitoring the visits, however the lack of interaction with visitors was apparent. As mentioned in QI 5.1, HMP Addiewell does not currently have an FCO, and the reintroduction of this post would support better relationships and communications between prison staff and visitors.

The tea bar had reopened: prices were reasonable and there were hot drinks available. Some families requested the reintroduction of hot food sales, particularly during evening visits, as they had missed their mealtimes due to travelling.

**Recommendation 56:** HMP Addiewell should review the visits admission process to eliminate excessive waiting times.

**Recommendation 57:** HMP Addiewell should ensure there is a consistent and welcoming approach when admitting visitors with additional needs.

**Recommendation 58:** HMP Addiewell should reinstate the FCO role.

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

Rating: Generally Acceptable

In-cell telephony allowed prisoners access to family contact 24 hours a day. In-cell kiosks allowed access to the Email a Prisoner Scheme, and the Director described his plans to introduce a texting service in the near future which would be a welcome further addition to family contact options.

If the in-cell telephone was damaged, prisoners were provided access to a shared pin phone, and there were shared kiosks in the residential areas that could be accessed by all. Telephone access was never removed as a punishment, and new and improved in-cell telephones were due to be installed. Managers in the residential areas had authority to grant additional phone credit to maintain family contact in the case of an emergency.

There were issues reported with the Escorted Day Absence (EDA) process which led to missing paperwork and on one occasion a prisoner not being able to attend a family member's funeral. The process to apply for an EDA had been moved on to the kiosks to prevent similar issues, and this was being implemented at the time of inspection.

Virtual visits were available to everyone, and uptake was good. Prisoners reported issues with the length of these visits as unlike face-to-face visits they did not begin when the biometric was taken but ran to a set schedule. As there were often delays in getting the prisoner to the Visit Room the length of virtual visits was often cut short.

Double visits were available and both staff in the Visit Room and those who cover the visit booking line actively supported the arrangement of these. Inter-prison visits and accumulated visits were more difficult to access, with a general lack of awareness of these options amongst prison staff and those who worked in the visitors' centre. Only one individual had accessed accumulated visits in the past 12 months.

Family inductions were highlighted as good practice during the previous inspection but had not resumed since COVID-19 restrictions led to their temporary suspension. Similarly, the visitors' forum had been suspended and the resumption of both support services would assist prisoners to sustain family relationships.

**Good Practice 13:** Prisoners had 24-hour access to in-cell telephones and the Email a Prisoner Scheme.

**Recommendation 59:** HMP Addiewell should review the escorting process to ensure prisoners receive the full 30-minute virtual visit session.

**Recommendation 60:** HMP Addiewell should resume delivery of family inductions and facilitate the visitors' forum.

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

Rating: Satisfactory

During the time of the inspection there were no prisoners on closed visits. Evidence of monthly review meetings was provided, and visitors as well as prisoners placed under restrictions were discussed. Sample letters issued to prisoners and visitors were provided and included details on the appeals process. A recent example of a visitor successfully appealing their restriction was provided.

HMP Addiewell regularly searched visitors with trained dogs, and if an indication was made the visitors were offered a closed visit rather than missing their session. Any visitor who was banned from face-to-face visits was permitted to use the virtual visits platform.

There were no visit restrictions placed upon prisoners being managed on a formal rule, and those in the SRU were able to book relevant morning or afternoon sessions.

Several prisoners had attended virtual children's panels over the past 12 months, and a formal system to provide those involved with support was being developed.

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

Rating: Generally Acceptable

The Programmes Team delivered constructs, discovery and pathways and achieved a good number of completions in 2022 despite regular redeployment due to staff shortages. Significantly high programme deselection figures were of concern and needed to be addressed.

Further voluntary short courses including alcohol awareness, SMART recovery and alternatives to violence were due to return in February 2023. The Programmes Team ran a Recovery Café, a popular and effective support group.

For prisoners with additional support needs an individualised in-cell learning programme was offered. and the innovative interactive games developed by the tutor were worthy of note.

Therapeutic writing, chess club, yoga, mindfulness and a language exchange programme were all available, but there were issues with prisoners accessing these if they had a work party or attended an activity in the Academy.

**Good Practice 14:** The development of an interactive game teaching core skills which can be completed in cell.

**Recommendation 61:** HMP Addiewell should take action to reduce the number of individuals deselecting from accredited programmes.

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

Rating: Poor

HMP Addiewell did not run a personal officer scheme and relied on eight ICM officers to case manage all prisoners. Each officer managed a case load of between 50 and 120 prisoners. Prisoners reported that they were aware of their case manager's name and critical dates were available on their kiosks, but they had not met their case manager and had not received replies to kiosk messages. Both prisoners and residential staff stated that they had little or no understanding of critical dates, case management or progression processes.

In October 2022, case management staff met with all prisoners and explained their critical dates and case management processes. A Sodexo survey issued to all residents was returned by 150, a third of whom raised issues with case management and progression.

Despite the high caseloads of the team, the ICM paperwork reviewed was of a good standard and the case conferences were mostly held on time. Only 75% of prisoners attended their case conference which is a significantly lower rate than other establishments and should be investigated further. Families were invited to case conferences when consent was given and attended 15% of the meetings held.

Core screening and GPAs were completed timeously, and programme spaces were allocated based on critical dates. Prisoners who required an accredited programme not delivered in HMP Addiewell were listed for transfer to another establishment. Waiting times for spaces on these courses was unacceptably long with prisoners often passing beyond their potential progression date before getting access to a programme, but this is an ongoing national issue.

**Recommendation 62:** HMP Addiewell should implement a personal officer scheme and raise awareness of the case management process.

**Recommendation 63:** HMP Addiewell should implement supportive measures to increase the number of individuals attending their ICM case conferences.

**Recommendation 64:** SPS HQ should continue to review the national waiting list system and provide enough programme spaces to allow prisoners the opportunity to complete identified programmes prior to their progression window.

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

Rating: Generally Acceptable

Case Managers instigated the RMT process and completed the Annex A document with no input from residential staff. All RMT cases were subject to an additional case management meeting to ratify the paperwork. This led to a delay in cases being heard at RMT and was out with the timescales stipulated in the Prison Resource Library (PRL) standards. During the time of inspection, prisoners had been invited to attend the RMT in person, however this was reported as not being standard practice.

The GPA used in HMP Addiewell was out-of-date and led to short-term prisoners being required to complete an unnecessary assessment if they wished to apply for progression. Senior managers were unaware of the GPA 2 launch and highlighted their lack of access to Governors and Managers Action notices on SharePoint as an ongoing concern.

There were seven OLR prisoners at the time of inspection and each had a designated case manager. OLR prisoners' risk management plans were owned by the Rehabilitation Unit manager with support from the head of psychology. Following advice received from the RMA, training was sourced, and the team were provided with peer support from an SPS psychologist. A monthly OLR meeting was used to ensure plans were delivered in full and was an example of good multidisciplinary practice. These measures appeared to have improved performance in this area.

The PBSW lead had a good grasp of all MAPPA processes and attended community pre-release meetings. Sodexo staff did not attend these meetings, but senior managers had sourced training and will attend these in the future.

**Good Practice 15:** The multidisciplinary OLR case management meetings provided assurance on the effective implementation of risk management plans.

**Recommendation 65:** HMP Addiewell should remove the additional case management meeting to ensure RMT timescales are adhered to.

**Recommendation 66:** HMP Addiewell should ensure prisoners are invited to RMT meetings where appropriate.

**Recommendation 67:** HMP Addiewell should ensure that the GPA 2 assessment and associated progression guidance is adhered to.

**Recommendation 68:** SPS HQ should allow senior management at HMP Addiewell some access to SharePoint or share the GMAs in an alternative electronic format.

**Recommendation 69:** HMP Addiewell should ensure a senior manager attends MAPPA Level 2 and 3 pre-release meetings, as per MAPPA guidance.



## Standard 7 - Quality Indicators

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

Rating: Generally Acceptable

There was a strong commitment from all agencies coming into the prison to work together to support successful transitions back to the community. The Librite Centre was providing a hub for prisoner access to a number of these services. Other services not coming into the prison were reliant on telephone engagement. There were concerns from some agency staff that a lack of face-to-face contact not only meant that they were unable to pick up on non-verbal cues, but it was also affecting the likelihood of engagement with their service post release.

For long-term prisoners, agencies had an opportunity to collaborate in the development of their plans for release through the ICM process. Short-term prisoners were not usually subject to ICM. HMP Addiewell did not operate a 'personal officer' scheme. A team of six case managers had a caseload of between 50 and 120 prisoners each. This arrangement was contributing to the mixed quality of community integration plans (CIPs). CIPs were underutilised and, in some cases, incomplete.

The resumption of multi-agency liberation meetings was at a very early stage. Agencies reported that these meetings would help to identify which services were supporting prisoners and ensure that individuals had access to the advice and support they needed. There was a clear need to quickly embed this forum and extend membership of this group, with a specific need for involvement of relevant housing staff.

The establishment had plans to host a multi-agency partnership event to boost partnership working and collaboration between the prison and community-based services. There were some strong partnerships with agencies already in place but there was a need for a coherent multi-agency strategy to meet the integration needs of individuals.

**Recommendation 70:** HMP Addiewell should ensure that all relevant services are represented at the multi-agency liberation meetings. This will ensure that individual prisoners do not get missed in terms of planning for release and that there is a shared understanding of needs and risks.

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

Rating: Generally Acceptable

HMP Addiewell was adequately delivering the enhanced ICM process for statutory prisoners. ICM case conferences were focussed on the individual prisoner, who

were able to play a full part in these meetings, but only 75% of prisoners attended these meetings which is lower than other establishments. Case managers were also encouraging the involvement of key family members where this was appropriate and attended 15% of meetings. There was no personal officer scheme, so little value appeared to be given to the involvement of staff supporting prisoners on a day-to-day basis.

PBSW and psychology services were ensuring that case conferences were informed by up-to-date assessments. Community-Based Social Work services were consistently attending ICMs and were working in partnership with prison-based colleagues in the development of pre-release plans. Support to and within the PBSW team was good, and their role was valued by the prison.

HMP Addiewell case management process was delivered by a small group of case managers with different levels of experience. Prisoners had a mixed experience of contact with case managers. Where it was working well, case managers were effectively ensuring the participation of prisoners, family, and all key agencies and individual prisoners were confident with plans being made. Where it was less effective, prisoners had little contact with case managers, plans for release were underdeveloped and individuals were not confident of a successful transition. Case managers were continuing to chair their own case conferences, meaning there was no systematic objective oversight of planning.

Where the views of health professionals would have been helpful within case conferences there was little evidence of their attendance or contribution. This was particularly pertinent where engagement with support for mental health or addiction issues was relevant for the assessment and management of risk both in the prison and in the community on release.

**Recommendation 71:** HMP Addiewell should take action to ensure that prisoners consistently have a positive experience of case management. This action should include effective quality assurance of case management activity and professional development opportunities for current and prospective case managers.

**Recommendation 72:** HMP Addiewell should, as part of ongoing discussions with NHS Lothian, raise the need for a health representative at RMT and agree how they can meaningfully contribute to other sentence planning processes. This will help to reduce unnecessary delays for individuals progressing to less restrictive conditions.

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

Rating: Satisfactory

Access to a rolling timetable of programmes delivered within HMP Addiewell was well managed. Agencies were working together to complete and update



assessments for the Programmes Case Management Board (PCMB) meetings. Prison-based staff were completing GPA timeously but as stated in Standard 6, the GPA template was out-of-date. The Programmes Team were proactive in identifying the needs of the prison population with regards to planning the delivery of 'constructs', 'discovery' and 'pathways' programmes. Some prisoners were frustrated about the lack of access to national programmes not delivered in HMP Addiewell. This was contributing to delays in progression to less restrictive environments.

The Programmes Team were also responsible for the co-ordination and delivery of 'recovery' groups in the prison, in collaboration with community-based services and under the oversight of national recovery groups. These partnerships were well developed and were enabling a continuity of addictions support for prisoners moving back to the community. The Programmes Team were delivering information sessions to prisoners and staff through induction to promote knowledge and awareness of the recovery opportunities.

HMP Addiewell was supporting third sector partners (Cyrenians and Circle) to deliver family support services. This included the delivery of a parenting programme for prisoners. Family support agencies reported a positive relationship with management and a strong shared commitment to improving the experience of families visiting the prison and the support prisoners receive to sustain family relationships. One of the agencies was also supporting the induction of new staff by providing inputs on child protection and the impact of trauma. Both agencies were offering ongoing support in the community. Voluntary throughcare services in both North and South Lanarkshire were also providing ongoing support to families.

**Good Practice 16:** HMP Addiewell had established strong partnerships with local partners to embed the use of recovery groups to support prisoners with addiction issues. This is encouraging engagement with services who can potentially continue to offer support back in the community.

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

Rating: Generally Acceptable

Sentence planning for statutory prisoners was working well. Assessments were being completed timeously and were helping to plan interventions during the time in prison. Although some individuals were frustrated about the lack of progression, the internal RMT process was well embedded and key agencies were mostly involved. There was a lack of representation from health professionals but PBSW, psychology and case management staff were all fully engaged. Prisoners were keen to take part in RMT meetings, but this was not routinely considered.

Where short-term prisoners were proactive and making good use of the kiosk system to engage with key agencies, they were effectively taking a central role in plans for release. However, where individuals had less experience or were less confident, they were not being consistently encouraged to engage with planning for release. In

the absence of a personal officer scheme, residential staff were not playing a role in this. Case Managers were not always effectively engaging individuals. In North Lanarkshire the 'bridges project' was offering support with integration for individuals on short sentences with problematic drug or alcohol use. For these individuals the engagement of project staff prior to release was supporting the development of clear plans for support in the community.

All agencies were reporting poor housing outcomes for individuals leaving HMP Addiewell. Individuals not returning to family homes were invariably unsure about where they would be staying on the day of release. Planning for housing on release did not reflect the SHORE (Sustainable Housing on Release for Everyone) standards. The resumption of multi-agency meetings to consider individuals due for release was at an early stage of resumption. This will be important for sharing information. There were concerns that the loss of these meetings had meant that agencies were not fully aware of risks as well as the needs of individuals.

The consistent presence of Department for Work and Pensions (DWP) work coaches in the Librite Centre was ensuring that most prisoners due for release were clear about what they needed to do if they were making benefit claims on release. This was a concern for prisoners, therefore getting good advice and an arranged appointment for release was helpful.

Safer custody meetings considered the needs of the most vulnerable prisoners, and they were ensuring that all agencies were aware of the plans being made to support them on release.

**Good Practice 17:** North Lanarkshire Bridges Project – a partnership between North Lanarkshire ADP, North Lanarkshire Council and HMP Addiewell to address the impact of alcohol and drug problems on the transition of individuals back to North Lanarkshire from HMP Addiewell. This project reported positive outcomes for prisoners leaving HMP Addiewell and provided valuable feedback on the effectiveness of release plans.

**Recommendation 73:** HMP Addiewell should increase the opportunities for prisoners to have their voice heard in RMT and PCMB meetings, this should include an opportunity to attend for all or part of these meetings.

**Recommendation 74:** With appropriate reference to the SHORE standards, HMP Addiewell should engage with local authorities to ensure that pre-release prisoners have more clarity about accommodation and housing prior to liberation.

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

Rating: Generally Acceptable

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

Several external services were providing a routine presence in the prison to build relationships with prisoners to support the transition from custody to the community. For some prisoners, New Routes and Change Grow Live (CGL) were key sources of support on the day of release to support them to attend appointments and help them to access benefits and housing.

As stated above at QI 7.4, the prison had a specific partnership to support prisoners returning to North Lanarkshire.

## Quality Indicators

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

Rating: Generally Acceptable

At the time of the inspection, HMP Addiewell demonstrated a relatively robust and appropriate mechanism in place for E&D representation and engagement. While work on E&D had paused for a prolonged period, this now seemed to be reinvigorated at pace, with a highly engaged senior manager leading the programme, supported by a large team of E&D Ambassadors across the staff group and prisoner population. Staff who acted as E&D Ambassadors were able to demonstrate focus and drive for adopting an E&D approach in their work and attempting to ensure those with protected characteristics were given equal opportunities within the establishment. Prisoners from both residential halls had been invited to join the E&D meetings and the senior manager leading the programme adopted a personable, flexible, and active approach to engagement, carrying out a full E&D audit of the establishment and interviewing all individuals reporting protected characteristics.

While this was all encouraging, there now needs to be a stronger more focussed institutional support. While commendable that the SPCO for E&D had completed ad hoc training in his own time, the Inspectorate would expect to see robust and continuous training provided by the establishment. The prison had made good first steps to raise the profile of E&D, but they would benefit from conducting more systematic monitoring of data around opportunities for those with protected characteristics, and their involvement in disciplinary processes, relative to other prisoner groups to ensure no unintentional discrimination was occurring.

E&D meetings had also recently been incorporated into the wider prisoner forum. HMIPS suggest that E&D matters require the focus and attention of their own meeting and so this should be separated again.

The process by which E&D complaints were made by prisoners involved the use of a Discrimination Incident Reporting Form (DIRF). In line with the rest of the prison estate, this process was wholly lacking. Forms were not readily available, and staff demonstrated a lack of knowledge around the use of them, indeed the process was not clear to inspectors. The process of dealing with a DIRF complaint did not differ in any clear way, in either process or outcome, from a standard PCF complaint, rendering it without value. HMIPS would strongly encourage SPS HQ and HMP Addiewell to re-examine the processes and procedures in place around E&D complaints.

HMP Addiewell had made significant progress on E&D in a short period of time. It must be highlighted, however, that E&D provision had been virtually non-existent until relatively shortly before our inspection was announced. While COVID-19 may have been a contributory factor in this, and we do not underestimate the strain this

placed on establishments, more could have been done during and since the pandemic. The impetus for a strong and focussed E&D approach should be a corporate recognition of the importance of valuing and recognising all individuals who are vulnerable, not a prison inspection. Inspectors now expect the establishment to turn to examining their systemic processes to ensure all those in prison are afforded equal opportunities, while continuing their good work on dialogue and awareness raising.

**Recommendation 75:** HMP Addiewell should conduct more systematic monitoring of data around opportunities for those with protected characteristics, and their involvement in disciplinary processes, relative to other prisoner groups to ensure no unintentional discrimination was occurring.

**Recommendation 76:** HMP Addiewell should review training provision for E&D Ambassadors, recognising that this role requires specialised knowledge over and above what may be expected of core E&D training for all staff.

**Recommendation 77:** SPS HQ and HMP Addiewell should review the processes for E&D complaints with the principles of equality of access, clear systemic review and fairness in mind.

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

Rating: Generally Acceptable

HMP Addiewell was a private prison and therefore scrutinised by SPS controllers, who are on site to provide assurance contract compliance. Controllers undertook several checks on compliance as well as larger audits. The Controllers met regularly with the SMT and the Business Intelligence Manager (BIM), who monitored the contract, to discuss any issues arising. A joint action plan was in place and any actions that had been identified were disseminated by the BIM to the responsible manager. This may include advice or guidance and included timescales for return. Where timescales were not met there was an escalation process.

However, it was observed that the current status on the joint plan were all marked as ongoing, on time. None of the action points had a review date despite timescales identified in the action (Action SJS audit – ADD 55-25), which makes it difficult to escalate. Other actions had clearly not been met, for example the ADD 17 -1 RFSC process, regarding the removal of non-permitted items from cells that has been highlighted in HMIPS report in Standard 2 as an issue. Only two entries had a closing date, although not marked as closed. The Quarterly Business Report also reported on progress of the joint action plan.

There was an HMIPS recommendations tracker from 2018, but it did not appear to be reviewed regularly, as several of the recommendations had passed the implementation dates. Further scrutiny of the tracker revealed that one recommendation was missing. The updates in the evidence folder and the prison overview for the current inspection appeared to be more accurate. Although several

recommendations had been closed, some of those closed were not evidenced during the current inspection, for example:

QI 5.4 – referred to reporting on the numbers engaging in purposeful activity rather than spaces available. This had not changed since the 2018 recommendation.

QI 5.5 – prisoners on protection in Douglas B should be given access to induction and a regime should be developed. This was escalated during the 2018 inspection with an undertaking that it would be addressed. Douglas B still had a mixed population of admissions, mainstream and protections, which did not allow the protection prisoners to get a meaningful regime despite being in the majority, and they did not receive the contractual 12 hours out of cell.

The overall assessment of the recommendations can be found in **Annex D**. Out of 24 recommendations, five had been met, six were partially met and 13 had not been met.

**Recommendation 78:** HMP Addiewell should ensure that all oversight and scrutiny action plans/ trackers are up-to-date and accurate and have timescales in order to close or follow-up recommendations or actions.

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

Rating: Generally Acceptable

There were plans in place to address recommendations on several trackers, with some evidence of progress being made. On the HMIPS tracker there were some improvements around the translation of information, particularly on admission and induction, and those with warrant training working in reception. It was disappointing to note that recommendations that had been escalated during the previous inspection were still outstanding. For example:

QI 6.3: **“Around 10% of the prison population, located in Douglas B, were excluded from participating in educational activities within the Academy. HMP Addiewell should address this urgently”**. The response to the recommendation was similar to the response to recommendation QI 5.5 and made no mention of educational access. Inspectors indicated that this recommendation had still to be addressed fully with reports that the education timetable had only been brought in weeks before the inspection.

To inform staff of these recommendations, briefings would be expected. Although some communication was evidenced regarding the use of ‘Huddles’ sent out through the intranet there was a reliance on staff having time to read and absorb the information. Staff, particularly those in residential areas, reported that they did not have the time. The Director held monthly meetings with staff who could send in Q&As, and these meetings informed staff of current issues. Although there was an

expectation that SPCOs would hold briefings to update their staff, there was very little evidence that this happened. Often SPCOs oversaw two or more areas, and it was impossible to offer briefings to all staff before the shift started.

**Recommendation 79:** HMP Addiewell should ensure that briefings take place to inform staff of plans for improvement.

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

Rating: Generally Acceptable

Throughout the inspection it was clear that staff, particularly those with under two years' service, were unclear how their role fitted in within the prison priorities, and very few could identify what the overarching vision of the prison was. When inspectors spoke to more senior staff it was clear that their understanding was greater. Residential staff struggled to explain their job role and reported a lack of confidence when having to inform prisoners of information such as progression or Home Detention Curfew (HDC) or how to signpost prisoners to other support services.

New recruit training has been constant since January 2022, with five training cohorts. It was a nine-week training programme which encompasses two weeks of shadowing. Staff stated that the training was good but there was a lot of information to take in. Some staff expressed a wish for more shadowing and to catch up with some classroom work after they were in post once they understood the prison better.

Most staff with whom inspectors talked reported that they would like to continue being prison officers but felt the challenges might be too great. 'Learning on the job' was made more difficult when staff were constantly moved around, which was evident during the inspection.

Staff being able to stay in one area for a prolonged period would allow them to build up their knowledge, learn from other staff and develop relationships with those in their care. Staff also felt under pressure from continuing to mentor new recruits when they only had a few months experience themselves.

To address the issues around retention, HMP Addiewell had in place a Recruitment and Retention Strategy 2022/2023. This outlined their mission and aspirations for a 'One Team' approach. The Strategy focused on recruitment, social value, developing their people, employee experience, retention, and DE&I. There was an action log which had identified several reviews, changes in recruitment policy and staff development as examples. It was clear from this document that there is a recognition of the need for staff development, and we welcome this step forward. A Unit Manager development programme was undertaken in August 2022 and a SPCO development programme was also planned in the near future.



HMP Addiewell were currently advertising for a person to carry out a mentoring role as a full-time post. HMIPS will be interested to see how effective this is in enhancing staff knowledge and improving retention.

There were some training plans in place, but they were not completed due to the poor system for appraisals (see QI 8.6). The new appraisal system should identify a training need for staff and therefore a more comprehensive training plan for individuals and the prison.

On current training figures, five out of the seven mandatory competencies were under the required levels. Although TTM and H&S was at 100% there were other challenges around PPT and Fire Response which were well below acceptable figures and needed addressing.

**Recommendation 80:** HMP Addiewell should look to ensure an acceptable level of training competency at the earliest opportunity.

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

Rating: Generally Acceptable

With more than 50% of residential and operational staff having less than two years' experience, they found it difficult to articulate to inspectors what other teams within the prison were responsible for, for example, programmes, unless they worked closely with them daily such as healthcare. Although it is expected that new staff will take time to build up their knowledge and skills, the high numbers of new staff in HMP Addiewell made it difficult for the wings to function effectively and caused prisoners frustration when having to deal with lots of staff who were unable to advise or help.

Although cross functional working helped staff gain an insight into other roles, they were often seen working in more than one area in the same shift. When questioned, staff reported that they often did not know where they would be working daily. Although HMIPS recognise that at times it was necessary to move staff for operational reasons, it felt that the prison was lacking operational consistency.

It was a more positive picture when inspectors spoke to staff with longer service or who were in more specific or senior roles. Staff were able to explain more readily each other's functions and how they slotted into prison business.

As recommended earlier in the report, HMP Addiewell should, where possible, keep staff in the same area to allow them to gain knowledge, develop positive relationships and concomitantly feel 'part of a team'.



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

### Rating: Generally Acceptable

HMP Addiewell had a robust approach to managing staff absence through their Attendance Management and Capability Policy. Although the prison aspired to deal with misconduct at the lowest level, when this was not possible, they had a formal investigation process in place.

For managing performance there were clear definitions of good and poor performance, and a tool kit was available to managers to navigate through the reporting system. However, information for staff about challenging poor performance or sick absence was held at a central point in England. Managers commented that it would be better if this was held locally.

To support the management of dealing with poor attendance, a weekly meeting was held to review those who had been absent, and actions were agreed where appropriate to support staff back to work. Although HMP Addiewell has a 4% staffing absence allowance since the start of 2022 the prison had experienced absence rates of 6.8% to 31.6%. This rate of absence had been challenging and the prison was reliant on staff doing overtime to cover shortages as well as existing vacancies.

Although an SPCO development programme was planned, there was no formal training for managers with regards to managing absence or performance. However, SPCOs as well as senior managers could rely on local HR staff to provide support and advice on the policy for dealing with poor attendance/performance.

A good benchmark to measure that a prison is recognising good performance is through an annual appraisal system. It is disappointing to report that at the time of the inspection, the appraisal system was not functioning. A new system had recently been introduced, with the date from completion moved from August to December 2022. HMIPS undertook a further check in January 2023 and found the appraisal system had been embedded, and all staff appraisals had been completed.

There were several positive ways in which to recognise a staff member's contribution. Staff could be nominated by their peers or managers for a 'Star award'. Nominations were discussed and selected at a senior management level. The winners were then nominated for the company's national awards and during the inspection a staff member was attending the national awards. A 'Recognising you' portal was also accessible to all staff who could send an e-Card thanking their colleagues for a job well done. Staff had also been nominated for the Butler Trust Award and the International Correction and Prison Awards. Various rewards were given to the winners, including shopping vouchers.

Despite efforts in reward and recognition, retention remained a key concern. To alleviate some of the pressures on staff, the Director was successful in increasing the staffing compliment towards having three members of staff on every wing. However, in the 2018 Inspection report one of the recommendations was that 'the

Management need to develop a more robust approach to staff recruitment and retention quickly in order to address the issues that result from high staff turnover and inexperience'. In 2022, high staff turnover and inexperience remained a critical issue despite additional staff working within the prison, and worryingly the average length of service had reduced.

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

Rating: Satisfactory

It was clear that HMP Addiewell was effective in fostering good working relationships with other parts of the prison service, the wider justice system and the local community.

HMP Addiewell SMT met with the SPS regularly to deal with areas such as population management, public protection and TTM. The SMT also met their counterparts on aspects related to their role, such as Head of Operational meetings. The prison worked closely with Police Scotland with regards to public protection issues.

HMIPS would expect the prison to engage with partners through MAPPA case conferences, which were planned. There was good evidence of strong links with PBSW who worked closely with the prison on several strands, including attendance at Case Management Review Board and RMT, supporting HDC and progression.

HMP Addiewell's support for the local community had included assisting in refurbishing community gardens, providing meals to vulnerable families and supporting a charity called 'stop hunger' who ran food banks. Although it was a challenge due to staff shortages, HMP Addiewell had committed to allowing staff two days paid leave to assist at these food banks.

HMP Addiewell prisoners had built 621 sleep pods for Homeless Project Scotland to provide shelter for some of Scotland's most vulnerable and protect them from extreme weather conditions.

HMP Addiewell had several third sector partners that they worked with who offered prisoners support with housing, finance, employability, reintegration, trauma, parenting, and the Cyrenians who ran the Visitor Centre.

HMP Addiewell also worked closely with several alcohol and drugs partnerships, including the Drug Death Working Group and recovery groups. The Inspector of Prisons was delighted to catch up with the team from Street Soccer Scotland, who were built on 'lived experience'. They were taking part in a charity football match which prisoners who had recently completed a six-week course that supported those on their journey to security and happiness. Those completing the course will gain a SCQF level 4 in 'Delivering an event'. Street Soccer Scotland can be found working

within several prisons and are hopeful that they can work in all prisons in Scotland in the future.

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

Rating: Satisfactory

HMP Addiewell had recently employed a full-time communications manager (CM) responsible for internal and external communications. Since she started, she had implemented several changes, such as improving the staff briefing 'huddles' to encourage more interest by using pictures rather than just narrative and had received positive feedback.

There was a good flow chart for staff to access if they wished to communicate internally, to ensure the right message was conveyed in the best manner. Any new initiatives or important information was placed on prisoners' kiosks, which was also the responsibility of the CM.

The CM was responsible for updating social media including Twitter and LinkedIn. The LinkedIn website was used to inform the public of good news stories, such as the work of the Insiders and the launch of the radio station.

The CM was also responsible for updating of the prison website with any changes. The website provided excellent information from basic prison information to how to get in touch, how to get there, but also importantly what to expect when attending and entering the prison, particularly to visit a prisoner. Visitors confirmed to inspectors that without the information on the website the process for entering the prison to attend a visit would have been daunting, and they were appreciative of being informed prior to arrival.

Similar to public prisons, media enquiries were dealt with by Sodexo's main press office. However, they do run responses past the prison to confirm they are content.

## Standard 9 - Quality Indicators

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

Rating: Satisfactory

A health assessment was provided to all new arrivals and transfers to HMP Addiewell. Inspectors were told by healthcare staff that prisoners rarely arrived after p.m. when nurses were no longer on duty. If a prisoner was admitted to the prison when nurses were no longer on duty, the risk was mitigated by them being managed through TTM and were assessed by healthcare staff the next day. However, the consequence was that individuals were placed on 15-minute observations, potentially unnecessarily.

The room where health assessments were carried out was visibly clean and in a good state of repair, and hand hygiene facilities were available. The environment ensured that patient's dignity and confidentiality was maintained.

All staff responsible for the provision of health assessment had been trained in the process and used a validated health screening tool. This was undertaken through discussion between the patient and staff, with the informed consent of the patient. All information from the health screening process was documented into the patient record on Vision (an electronic system used to manage patient care records within Scottish prisons).

Inspectors had the opportunity to observe an admission assessment and saw positive relationships between the patient and nursing staff. Inspectors saw that the assessment identified any immediate healthcare needs as well as long-term health conditions (LTHC), and mental health and addiction issues that would need assessed after admission. Patients were also given the opportunity to opt out of Blood Borne Virus (BBV) testing as part of the admission process. During the health assessment, the patient was given the opportunity to tell the nurse if they had any problems with communication, reading, or writing. An admission summary record, identifying healthcare needs was completed and was available to other disciplines within the healthcare team the following day. This was in order that patients and their healthcare needs could be followed-up.

The patient's GP contact details were obtained so that robust medication reconciliation could be completed. A contract for in-possession medication was signed by the patient during the admission assessment. Healthcare staff told inspectors that the nurse would read through the contract and ensure that patients with poor reading and writing skills understood what they were agreeing to.

Inspectors saw that patients were made aware of the healthcare services they could access whilst in HMP Addiewell.

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

Rating: Generally Acceptable

Primary care was delivered predominately using a nurse-led model, with ANPs. A GP provided medical cover in the prison once a week. The ANP that inspectors spoke with, had developed an informal network of contacts in secondary care so that advice could be accessed when the GP was not in attendance. Staff could also contact the out-of-hours service for advice if required. The Inspection Team discussed with the ANP the benefit of formalising these contacts and developing a SOP on how to access those contacts. Inspectors will review the progress of this work at the follow-up inspection.

New arrivals to HMP Addiewell were reviewed by the ANP the day after admission, where required. The Inspection Team saw that the ANP used information from different electronic NHS platforms to review medication needs, in order to ensure robust medicines reconciliation. The service had link nurses in place who had specialist interest in conditions, such as epilepsy and diabetes.

Healthcare was mostly delivered in the Health Centre, which had four consulting rooms available. The only exceptions would be in the case of an emergency, where the patient was unable to attend the Health Centre, or for nurse triage clinics which were held in the residential areas.

HMP Addiewell operated an opt-in self-referral system for prisoners wishing to access healthcare. Patients could access a range of healthcare services including mental health, drug and alcohol support and general healthcare using the electronic kiosk system. The kiosk system was available in the residential areas and was in the process of becoming available in cells. The system had the facility for patients to choose their first language.

Inspectors were told that all new admissions were shown how the kiosk system worked during their prison induction. Patient referrals made on this system were available for healthcare staff to review on the HMP Addiewell Central Management system (CMS). All primary healthcare referrals were triaged daily by the ANP and allocated to the appropriate service. The Mental Health and Addictions Team managed their own referrals (referenced in 9.5 and 9.7).

Patients were informed via the kiosk system that their referral had been received and that they were on the waiting list to be seen. Patients were not informed of anticipated waiting times. Inspectors saw that the outcome of consultations were recorded in the patient's Vision record, these were well completed.

Inspectors raised the issue of prisoners with poor reading and writing skills and the difficulties they might experience using this system. Inspectors were told by prisoners and healthcare staff that Insiders would support other prisoners to use the system.

Patients could access requests for podiatry, optician and physiotherapy services through the kiosk. However, patients on remand could not access a referral to an optician when they were asked for their status, for example, on remand or convicted. The system would not allow remand patients to self-refer to opticians. This is a significant concern, particularly in light of the considerable time period during which patients may be remanded in custody. During the inspection, inspectors raised that the kiosk system must be addressed immediately to allow patients to have an equitable service.

Waiting times to see nurses and the GP, and any missed appointments were not being recorded. Inspectors were told by healthcare staff that access to nurse-led and GP clinics was good. However, this was not reflected in the patient survey carried out by HMIPS prior to the inspection. Inspectors saw that there were seven appointments available for the next GP clinic, which was in two days' time. Inspectors were told by the ANP that patients who missed appointments with the ANP or GP would have their appointment rescheduled. Inspectors reviewed the waiting list for the optician and saw that there were 85 patients waiting to be seen. A patient was waiting to be seen since end of May 2022. The podiatrist waiting list had 74 patients waiting, with a patient waiting since the middle of February 2022.

Inspectors were told that a foot care clinic was delivered by a healthcare support worker, where they carried out nail cutting, removal of hard skin and assessed fungal infections. This allowed the podiatrist to focus on more specialist treatments such as nail removal. This is good practice.

Patients attending external appointments were escorted by GEOAmey. Inspectors were aware that the ongoing issue of transport to secondary care appointments had not been resolved. This is a significant concern. Senior staff described the process they had in place to capture this data and where this was shared and discussed. Inspectors also saw that patients who missed secondary care appointments had their case reviewed by the Primary Care Team and ANP and any supportive action required was taken. This issue continues on a national level. Inspectors have encouraged healthcare staff to continue to document the reason for the missed appointment as well as the continued impact on patients. This will be escalated by HMIPS to key contacts in SPS and the Scottish Government.

Inspectors were told by healthcare staff that patients would be informed via the kiosk system that they had missed a secondary care appointment. Inspectors were told by healthcare staff that patient refusal forms were available for patients, but they were not regularly completed and returned. Prison staff should ensure that patients who refuse to attend healthcare appointments, complete a refusal form and that this is forwarded to the healthcare team. This will allow healthcare staff to accurately monitor missed appointments and ensure that they are rescheduled if appropriate.

Inspectors were told by healthcare staff that nurses were trained to Immediate Life Support (ILS) level. Emergency equipment was available in the residential areas and the Health Centre including automated external defibrillators. Inspectors saw that the equipment was ready for use and that appropriate checks had been completed. Emergency drugs were in date. Inspectors saw welfare care plans that had been introduced to provide prison staff with advice and actions to take for



patients identified as requiring closer observation due to illness or injury. This is good practice.

**Recommendation 81:** REAS/NHS Lothian must ensure communications to patients regarding referrals and waiting times include the length of waiting time for the relevant services.

**Recommendation 82:** SPS and HMP Addiewell must review the referral process on kiosk system so that remand prisoners have the same access to opticians as convicted prisoners.

**Recommendation 83:** REAS/NHS Lothian must develop a system to monitor missed healthcare appointments and the reasons for this.

**Recommendation 84:** SPS/ HMP Addiewell and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance. Under the duty of candour, all patients who miss a secondary care must be informed of the reason why, and what actions will be taken to mitigate the risks to the patient because of this.

**Recommendation 85:** SPS and HMP Addiewell must ensure that patients who refuse to attend healthcare appointments complete a refusal form and that this is forwarded to the healthcare team.

**Good Practice 18:** A foot care clinic was delivered by a healthcare worker, where they carried out nail cutting, removal of hard skin and assessed fungal infections. This allowed the podiatrist to focus on more specialist treatments such as nail removal.

**Good Practice 19:** Welfare care plans had been introduced to provide prison staff with advice and actions to take for patients identified as requiring closer observation due to illness or injury.

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

Rating: Generally Acceptable

BBV testing was opt out on admission. A BBV specialist nurse ran a clinic to assess patients within four weeks of referral. Access to national screening programmes continued as per community provision. For example, national bowel screening letters were sent to patients when they met the requirements for screening programmes.

Vaccinations were available for hepatitis A and B as well as testing for sexually transmitted diseases. Inspectors were told several staff were trained to provide sexual health advice and treatment. Although condoms were accessible to people in prison on request, there was no clear signposting promoting access to these. This is a concern. Health promotion support materials were visible within the Health Centre,



however, limited information was displayed in residential halls. Visibility on how to access condoms and health promotion materials must be improved.

An established vaccination clinic was running for flu and COVID-19 vaccines, and patients were made aware of this through the kiosk system. This was also supported by HMP Addiewell who would let the residential halls know when this was available, this is good practice. Inspectors saw evidence of the information provided by the ANP for patients with LTHC. This approach was to support patients to be aware of deteriorating signs in their pre-existing conditions and promote autonomy over their healthcare. This is good practice. Inspectors were told that one of the healthcare support workers delivered a clinic for men's health.

Smoke Free Services ceased during the pandemic, however patients were still offered Nicotine replacement therapy (NRT) on admission. Oral health promotion with a focus on mouth matters was provided to patients before the pandemic but this had not been reinstated (see recommendation in QI 9.9). There was no obvious signposting to respiratory hygiene or hand washing in HMP Addiewell. Considering the time of year and the continued risks from COVID-19, it would be beneficial to have clear messaging for staff and patients.

Injectable naloxone kits and training was available to patients through pre-liberation clinics facilitated by the addiction's worker.

**Recommendation 86:** REAS/NHS Lothian must improve visibility on information about how to access condoms and health promotion materials.

**Good Practice 20:** An established vaccination clinic was running for flu and COVID-19 vaccines and patients were made aware of this through the kiosk system. This was also supported by HMP Addiewell who would let the residential halls know when this was available.

**Good Practice 21:** LTHC information provided by the ANP supported patients to be aware of deteriorating signs in their pre-existing conditions and promote autonomy over their healthcare.

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

Rating: Generally Acceptable

Healthcare staff described an understanding of health inequalities and were knowledgeable about the potential barriers patients faced when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients whilst maintaining confidentiality. Healthcare staff were supportive and gave explanations of care whilst gaining consent.

Inspectors saw evidence that staff were directed to NHS Lothian's electronic learning platform. Modules on equality and diversity were available and inspectors saw good compliance rates for completion. Staff inspectors spoke to were aware of the

Equality Act 2010 and could sign post to where up-to-date policies were available on the staff intranet.

Healthcare staff were observed to be supportive in their approach to patients and sign posted them to make referrals where necessary. Senior management staff described the roll-out of trauma-informed practice modules. This had started within the wider REAS team and will be available to all healthcare staff in the future. This is good practice. Inspectors will review the progress of this at future inspections.

Patients with barriers to accessing care were identified at admission and staff facilitated any requirement to utilise interpreter services. Inspectors saw peer support in place at HMP Addiewell, this was available from admission. Prisoners were helped with orientation to the prison including understanding how to access healthcare through a peer-support scheme called 'Insiders' who had experience of living within HMP Addiewell. This is good practice. Likewise, inspectors saw that all prison staff working in reception were less formally dressed wearing polo shirts. Although they were easily identified as prison officers, it served to alleviate initial barriers, and new admissions to prison responded well to the informal dress. This is good practice. All new admissions were housed in one identified hall for the first 24 hours where prison staff and Listeners supported them with early transitions.

All admissions were offered an induction to the prison which was facilitated by prison staff. Inspectors were told healthcare staff used to attend this and offered advice around the access to healthcare. Due to staffing pressures, healthcare staff were unable to attend, this is a concern. Where possible, healthcare staff should attend induction sessions to support admissions to HMP Addiewell, to provide an overview of how to access healthcare and what is available to support care needs. Senior management staff told inspectors they felt it would be beneficial for healthcare to be represented during staff inductions to allow the two staffing groups to understand each other's roles and remits and collaboratively support people in their care.

**Recommendation 87:** REAS/NHS Lothian must ensure that healthcare teams must where achievable provide representation of the healthcare facilities available at new admission's inductions.

**Recommendation 88:** REAS/NHS Lothian must-consider a collaborative approach to induction for all new staff members.

**Good Practice 22:** The roll-out of trauma-informed practice modules had started within the wider REAS team and will be available to all healthcare staff in the future.

**Good Practice 23:** New admissions are orientated to the peer-support scheme within the prisons called The Insiders.

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

Rating: Unacceptable

The Mental Health and Addictions Team work jointly to deliver care to patients in HMP Addiewell. Inspectors were significantly concerned that several areas of service delivery were compromised at the time of inspection, impacting on patient safety. This was escalated to the Healthcare Manager and Clinical Services Manager at HMP Addiewell and General Manager, (REAS). HMIPS also formally escalated these concerns to the NHS Lothian Chief Executive and the Director of Sodexo Justice Services.

Patients could self-refer to the mental health team through the kiosk system. Referrals were received by the Mental Health and Addictions Team through CMS. Patients would then be booked into a triage clinic to determine a suitable outcome of referral, this could include advice, signposting, onward referrals, mental health assessment, or accepted to the mental health or addictions caseload for treatment. While the team had two days per week allocated for triage clinics, inspectors were told due to staff shortages, the clinics were inconsistently running. This is a significant concern.

Inspectors were concerned that at the time of inspection, 145 patients had referred themselves to the Mental Health and Addictions Team and were awaiting triage. The longest wait from referral to triage appointment was 13 weeks. Inspectors were told that the team would prioritise seeing any patients who had submitted a referral and was deemed to be urgent. However, there was no formalised process in place for urgent assessments to take place. The team had previously trialled phone triage appointments. Inspectors were told this had not worked due to unreliable phone systems.

For patients triaged and requiring further mental health assessment a validated assessment tool was available for mental health assessments covering; including reason for referral, psychiatric history, current presentation, psychosocial factors, medication and risk to self. The Mental Health and Addictions Team have one day a week allocated to undertake assessments. However, inspectors were significantly concerned that due to short staffing levels, assessments had not been undertaken consistently. At the time of inspection, 12 patients were waiting on a mental health assessment, with a wait of up to six weeks. Inspectors saw evidence of a process in place to access specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment for patient assessments.

Previously the Mental Health and Addictions Team managed individual caseloads of patients. However, inspectors were told that due to unpredictable staffing levels this was reviewed and a shared caseload of patients of concern was introduced. At the time of the inspection, there were six patients highlighted as patients of concern. From discussions with staff, there were discrepancies across the team about whether nurses were holding individual caseloads. Inspectors were concerned that there was a document listing patients who were previously on the individual caseload

system. However, it was unclear where the management of care for these patients was held, since the discontinuation of caseloads. A collective responsibility for the team to provide care and treatment to the patients of concern. However, there was a lack of oversight for any other patients that required input from the Mental Health and Addictions Team. Inspectors were told that some patients were receiving individual treatment. However, this was not formally recorded on a caseload system, therefore no figures could be viewed. This is a concern.

Patient care records were reviewed. Patients on a Rule 41 and patients of concern had a care plan in place. While the patients of concern had a care plan in place, they were not personalised or did not demonstrate evidence of any patient involvement. No other patients receiving input from the Mental Health and Addictions Team had care plans in place. There was also no indication that any patient receiving input from the Mental Health and Addictions Team had a risk assessment in place. Inspectors were told that there were plans to introduce risk assessments and care plans, however this had been unachievable due to short staffing levels. This is significant concern.

The Mental Health and Addictions Team was made up of a range of multidisciplinary professionals including; a psychiatrist, team lead, trainee ANP, non-medical prescriber (NMP), clinical psychologist, mental health nurses, addictions worker and health support workers. At the time of inspection, the team had several vacancies and staff absences resulting in approximately 50% deficit across the team. Vacancies were being advertised and some shifts were being covered by agency staff.

Psychiatry provision was made up of two half-days a week for clinics with scope for the team to discuss and get ad hoc advice about patients outside of clinic time, if required. However, no formal arrangements were in place for wider collaborative Multidisciplinary Team discussions. Inspectors were told by healthcare staff urgent assessments could be booked into the following week's psychiatry clinic. While there was a vacant psychiatrist post, inspectors were told the psychiatry provision was adequate for providing clinics to a manageable caseload size. However, it allowed no capacity for wider team working.

The psychology provision at HMP Addiewell was also impacted by vacancies and staff absences. However, it was evident that a consistent provision was still available to patients despite staffing challenges. Psychological interventions were available in individual weekly appointments with a range of interventions available such as; mentalisation-based therapy, acceptance and commitment therapy, compassion focussed therapy, cognitive analytical therapy and neuropsychological assessments. At the time of the inspection, 20 patients were on the waiting list with 28 weeks being the longest wait. Inspectors were told by healthcare staff there can be some barriers for patients accessing all areas of healthcare due to the dependency on prison staff to escort patients. Inspectors understood that psychology had capacity to see more patients, but spaces were not filled due to challenges with identifying prison staff to escort.

Patients transferred from other prisons would maintain their original referral date and were not waiting longer due to transfer. To discuss complex cases there was a

wider prisons meeting 'stepped up care' in place attended by psychology and multi agencies. Despite the challenges with staff shortages, innovative ideas were being discussed, including ways to improve access to psychology within HMP Addiewell. This included the option of HMP Addiewell being able to refer directly to psychology and introducing access to an electronic system for patients to engage with low intensity psychological interventions online. This will be followed-up at future inspections.

Inspectors were told by healthcare staff that some staff had undertaken decider skills, safety and stabilisation training. However, healthcare staff told inspectors they were unable to use these skills to undertake regular meaningful therapeutic work with patients or deliver any low-level psychological interventions, due to the infrequency of nurse-led clinics to patients on the mental health caseload running. This is a concern.

Staff demonstrated knowledge on ensuring that any patient requiring inpatient mental health care is assessed and transferred to hospital under the Mental Health Care and Treatment (Scotland) Act 2003. However, there was no process available for inspectors to view. At the time of the inspection, there were no patients awaiting transfer to hospital.

Inspectors found there was no process in place for referring patients to community Mental Health Teams for follow-up and providing a discharge summary about their care in prison.

**Recommendation 89:** REAS/NHS Lothian must review staffing and systems to ensure triages, assessments and clinics can consistently be available to patients.

**Recommendation 90:** REAS/NHS Lothian must ensure there is a process for assessing urgent referrals.

**Recommendation 91:** REAS/NHS Lothian must review caseload management system to ensure there is oversight of any patients receiving care from the Mental Health Team.

**Recommendation 92:** REAS/NHS Lothian must ensure all patients receiving care from the Mental Health Team have a risk assessment and care plan in place.

**Recommendation 93:** REAS/NHS Lothian must reintroduce regular Multidisciplinary Team meetings.

**Recommendation 94:** REAS/NHS Lothian must liaise with HMP Addiewell to improve accommodating escorts to psychology appointments.

**Recommendation 95:** REAS and NHS Lothian must include a process for hospital transfer in the SOP for the mental health pathway at HMP Addiewell.

**Recommendation 96:** REAS and NHS Lothian must include a process for referring patients to community mental health teams in the SOP for the mental health pathway at HMP Addiewell.

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

Rating: Generally Acceptable

HMP Addiewell was a predominately nurse-led service. There were good systems and processes in place at admission to identify patients with LTHC and complex needs. Patients were reviewed by the ANP on site following admission, if required. Early identification and planning for LTHC were a priority. The ANP in HMP Addiewell was supported by the Primary Care Team and GP one day per week. Despite staffing shortages, inspectors saw a motivated and caring team. However, it was recognised that further staffing shortages could compromise service delivery for the Primary Care Team. This is a concern.

Inspectors reviewed electronic notes on the Vision system and saw these to be comprehensive. Inspectors saw evidence of patients being informed of tests results and options to manage their care. Care plans were in place for those identified with complex needs which were person-centred and outcome-focused. However, these were not seen to be signed-off by the patients. There were no patients requiring ACPs at the time of the inspection. However, staff were familiar with the use of this tool from previous experience.

Reviews of LTHC were seen to be equitable to that of the community with evidence of review dates and appointments allocated. Inspectors saw a proactive approach by the Primary Healthcare Team and opportunities taken to educate patients on their LTHC. Inspectors were provided with evidence of the literature devised by the ANP and further development was ongoing. A paper copy was sent to patients on how to manage their LTHC such as asthma, diabetes and COPD. This is good practice.

Inspectors were told of good links with community services and the support and advice available with St John's Hospital primary healthcare staff to support patient's needs. For example, tissue viability support. Inspectors were unable to review a written process for this. Inspectors have requested a SOP to be developed to describe the links in place as described in the recommendation made in QI 9.2.

There was no occupational therapy (OT) service in HMP Addiewell. However, there were links with community services where aids and adaptations were required. Patients requiring assistance were assessed in an equitable timeframe. All primary care staff inspectors spoke to could inform who the OT link was.

**Recommendation 97:** REAS/NHS Lothian must evidence that patients are involved in the planning of their care.

**Good Practice 24:** Literature developed by the ANP was provided to patients to manage long term health conditions such as asthma, diabetes, and COPD.



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

Rating: Poor

The admission screening process ensured that patients requiring support with drug and alcohol dependency were identified on arrival or transfer to the prison. They were referred to the Addictions Team if required. The addictions worker and trainee ANP engaged with all new admissions with drug or alcohol dependence identified in a clinic the next day. Patients could also self-refer through the kiosk system and be referred by other healthcare professionals or prison staff.

As referred to in QI 9.5 the Mental Health and Addictions Team worked collaboratively, and all referrals were triaged collectively. Significant concerns had been highlighted about the team's deficit due to vacancies and staff absences. This had impacted on their capacity to consistently provide triages, assessments, treatment clinics, and effective team working. See recommendation in QI 9.5.

Patient care records were reviewed by inspectors. Journal entries were viewed for individuals who had engaged with the Addictions Team, however, there were no care plans evident. The team had been unable to consistently update the national drug and alcohol information system (DAISy) due to barriers with access and training. Inspectors viewed validated assessment tools used including regular clinical opiate withdrawal scale (COWS) assessments for patients where appropriate. At the time of inspection, there were 16 patients awaiting an assessment. There was no clear management system indicating how long people had been waiting. However, inspectors ascertained that national waiting times were being breached, with the longest wait between referral and assessment being six months (see QI 9.5). This is a concern.

While the team had an awareness of the medication assisted (MAT) standards, healthcare staff told inspectors there had been no engagement or development work to consider ways of implementing the standards. This will be followed up at future inspections.

A Recovery Café facilitated by HMP Addiewell was available for patients to attend and access peer support such as Alcoholics Anonymous (AA). As referred to in QI 9.5 there were no formal caseload arrangements or clinics consistently running in the Mental Health and Addictions Team at the time of inspection. Therefore, limited psychological interventions were accessible to patients such as stabilisation maintenance and alcohol and drug avoidance strategy work, this is a concern.

Inspectors were made aware of large number of Under the Influence (UTI) incidents of patients using NPS. This had increased the work pressures for the healthcare team considerably with primary care nurses providing regular welfare checks and the Mental Health and Addictions Team reviewing all prescriptions for those affected. Inspectors were told by healthcare that all prisoners reported as UTI received a letter from the Health Centre informing them that their prescription was under review.



OST prescriptions were managed by the NMP and ANP trainee who had external support from a psychiatrist for advice if required. Changes to OST could regularly be reviewed at the 'Ups and down' clinic.

Whilst the team engaged in a daily handover for all Health Centre staff, as highlighted in QI 9.5 there was a lack of structured MDT meetings to discuss patients requiring input from the Addictions Team. This was previously in place but had been discontinued. This is a concern.

There was a robust system in place for all patients due to be liberated to be offered a pre-liberation session covering harm reduction, naloxone training and basic life support training. Inspectors saw evidence of this clinic continuing to run twice weekly. There was a process in place for informing court, community teams, and pharmacies of patients on OST scripts due to be liberated.

**Recommendation 98:** REAS/NHS Lothian must ensure that individual care plans are in place for all patients receiving care from the addictions team.

**Recommendation 99:** REAS/NHS Lothian must ensure continuity of care staff should be able to access and update the DAISy system.

**Recommendation 100:** REAS/NHS Lothian must ensure there are established clinics where patients can access a range of evidence based psychological interventions to support with recovery from drug and or alcohol addictions.

**Recommendation 101:** REAS/NHS Lothian must ensure that Multidisciplinary Team meetings are re-established to ensure that patients are discussed (as referenced to in QI 9.5).

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

Rating: Poor

The pharmacy service within HMP Addiewell was under review and there were several vacancies. The posts had been advertised, with recruitment proving challenging. However, the service had successfully recruited an agency pharmacy technician who had experience working in this environment and there had been an improvement in service provision since they started. Healthcare staff who were on adapted duties had also been supporting the pharmacy service. Despite this, there was no clinical pharmacy service within HMP Addiewell to provide advice to patients. This is a concern.

Lloyds Pharmacy hold the national prison contract. As part of this contract, they were committed to provide weekly input into the pharmacy service within HMP Addiewell. This input was intended to provide governance and audit for the pharmacy service, and they did provide clinical checks on prescriptions when dispensed. Due to national issues, pharmacist input over the last two months had

been restricted to telephone queries by staff, with no on-site visits by the pharmacist. This is a concern. There was no clear date for this service to resume.

NHS Lothian's lead pharmacist provided clinical oversight for substance use services. Staff told inspectors that they had access to pharmaceutical advice from Lloyds Pharmacy via telephone when required, and from the ANP or GP when available.

All patients who required in-possession medication had access to safe storage in their cell. Patients signed a contract agreeing to store their medicines safely and were made aware of their responsibility to report any missing medications, broken locks or lost keys. Inspectors were told by healthcare staff that routine spot checks were carried out and when medication was found to be missing, compliance was discussed at an MDT meeting. This approach was intended to be supportive; consideration was given to the reasons why medication may be missing, for example bullying. A discussion was then held regarding any moves towards supervised medication or considering alternative choices.

Inspectors were told by healthcare staff that patients attending court had their morning medications and access to their other prescribed medications for that day. They were also told that patients received five days of medication on release from HMP Addiewell. Once patients registered with a GP in the community, the healthcare team would liaise with the GP to advise them of medication prescribed. This was done via clinical Emails. For patients with complex needs, work was undertaken prior to liberation, including sending copies of drug prescription charts to the GP. This was to ensure that the GP surgery was ready to take over their care.

Inspectors were told by healthcare staff that the Home Office had recently visited HMP Addiewell, and no concerns had been raised. A licence for holding stocks of controlled drugs would soon be issued.

Inspectors observed medicines administration during the inspection and healthcare staff were seen to be under significant pressure. Many patients who attended the dispensary hatch were not identified to receive medications but were challenging healthcare staff on different unrelated issues regarding their health. Although prison officers were in attendance, there was no attempt to discourage this. This is a concern. Healthcare staff must be supported to focus on the task at hand with limited distractions. Healthcare staff raised concerns regarding this issue on several occasions during the inspection. HMP Addiewell must support healthcare staff in the administration of medicines.

Healthcare staff were seen to be completing the correct identity and safety checks during the medicines round. Inspectors observed positive and supportive interactions with patients and records were accurately completed. At the time of the inspection, controlled drug registers were reviewed, and it was noted there were several episodes of inaccuracy. Healthcare staff had not taken the opportunity to sign the records correctly and there was an incident of overwriting. Senior healthcare staff have addressed this, however, this remains a significant concern. This practice highlights the need for specific training regarding record keeping for controlled drugs and breaches the Nursing and Midwifery Council (NMC) code of

conduct for accurate record keeping and medicines administration. REAS must address inaccuracies in record keeping without delay.

Oral paracetamol tablets were provided to Sodexo officers by healthcare staff for the out-of-hours period where patients may complain of pain. The healthcare team had raised significant concerns that the records of those being administered were poorly completed. This is a significant risk. Senior management had raised this issue with HMP Addiewell and continued failure in record keeping would result in paracetamol being withheld, due to the risk of potential interactions and overdose. This would have a detrimental impact for patients requiring simple analgesia overnight and must be addressed without delay. This was escalated to the Director during our inspection.

**Recommendation 102:** REAS/NHS Lothian must re-establish a clinical pharmacy service that is accessible to patients.

**Recommendation 103:** HMP Addiewell must support healthcare staff in the administration of medicines to avoid distraction and limit the risk of potential drug errors.

**Recommendation 104:** REAS/NHS Lothian must address inaccuracies in record keeping without delay.

**Recommendation 105:** REAS/NHS Lothian and HMP Addiewell must work together to establish an immediate solution to provide paracetamol safely in the out-of-hours period.

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

Rating: Generally Acceptable

Dental care was delivered in a clean, tidy and well-maintained environment. The dental surgery environment was fit-for-purpose. All near patient equipment including the dental chair was clean and intact and ready for use. Dental procedures and management were carried out in line with national and NHS Lothian guidelines.

Patients were able to self-refer to the dental service using the kiosk system which informed them that they were on the waiting list. The dentist was available four days per week and managed their own waiting list, with a dental therapist being available one day per week.

At the time of the inspection, inspectors saw that the waiting times for dental appointments was 12 weeks, but this can be variable if dental emergencies are required to be accommodated. Although this was generally stable, it exceeds the Scottish Government target of 10 weeks but was in line with community provision.

Patients who had not attended their dental appointments were informed via the kiosk system that they had not attended and were given the opportunity to rebook their appointment. The dental team would automatically reappoint the patients who had

not attended their appointments due to court appearances, or for circumstances that were out with their control. If their condition changes or worsens, patients can delete their entry on the kiosk and submit a new one rather than submit multiple entries. This reduces administration for the dental team. This is known and patients do this. Also, patients with escalating conditions can contact healthcare staff to be assessed as a matter of urgency, if required. Again, this is known and patients and healthcare staff do this.

There were good systems and process in place for the collection of dental instruments with a sign in and sign out protocol to count instruments before they were decontaminated at a central unit. The instruments were stored safely and placed appropriately in the dental room.

Dental staff told inspectors that prior to the COVID-19 pandemic, an oral health promotion team had worked in the prison, who they considered a good resource. The oral health educators provided support directly to prisoners and could also be another source for the referral of patients to the dental service. Staff told inspectors the reintroduction of oral health promotion team, in particular to provide mouth matters advice to patients, would benefit the service and patients.

**Recommendation 106:** REAS and NHS Lothian must consider the reintroduction of the oral health promotion team to provide mouth matters advice to support the dental service and improve patients' outcomes.

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

Rating: Not Applicable

HMP Addiewell does not hold any pregnant female prisoners.

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

Rating: Satisfactory

Although there were no patients on the palliative care register at the time of our inspection, there were systems and processes in place for patients requiring palliative care support. HMP Addiewell's healthcare staff have established links with the Palliative Care Team at St John's Hospital. The identified Marie Curie specialist nurse and Marie Curie consultant would actively review patients identified with palliative care needs. A link nurse was also identified within HMP Addiewell. Inspectors reviewed minutes of the regular monthly meeting held between healthcare and HMP Addiewell. The palliative care link at St John's would also attend the meeting when there were patients requiring support in the prison.

Social care provision was available within HMP Addiewell and was provided by SJS. Healthcare staff reported this provision can be variable and challenging to access. This is a concern. Healthcare staff assist patients with their personal care where there are delays in providing this service. Although this demonstrates a compassionate approach by healthcare staff in HMP Addiewell, they should not be placed in this position, particularly when healthcare services are overstretched, due to staffing constraints and workload. Healthcare staff have raised this with HMP Addiewell through the monthly meetings.

**Recommendation 107:** HMP Addiewell must work collaboratively with healthcare staff to provide an accessible reliable service for patients with additional care needs.

### **9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Generally Acceptable

On arrival or transfer to the prison, every patient at risk of self-harm or suicide was assessed using a standardised health screening tool. Patients identified at risk were placed on TTM. Patients being managed on the TTM Strategy will have their suicide and self-harm risk assessed at every case conference to inform their ongoing risk management.

The TTM Strategy can be initiated at any stage when there are concerns for an individual. All patient facing healthcare staff have undertaken SPS TTM core training. NHS and prison staff work collaboratively to identify, support, and review those at risk of self-harm or suicide. At the time of the HIS inspection, there were no patients at HMP Addiewell on TTM. However, inspectors saw a process in place where the mental health nurse was allocated daily TTM case conferences including updated associated documentation. Inspectors observed the healthcare team's daily handover which included communication about any patients on TTM and the risks to be made aware of.

Patients in crisis were managed on TTM until an urgent assessment could be facilitated. As referenced in QI 9.5, inspectors were told urgent nursing assessments could be arranged. However, it is a concern that there was no formal process in place for this. Additionally, as referenced in QI 9.5, another concern was that formal risk assessments were not being reviewed regularly for patients receiving care from the Mental Health Team, out with the TTM process.

### **9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.**

Rating: Generally Acceptable

A process was in place for feedback, concerns, and complaints to be made at HMP Addiewell. Feedback forms were available in most of the halls and could be

posted. Inspectors were told that forms could be handed to prison staff in the areas that did not have a post box. No envelopes were available and there was a risk of patients' complaints not being managed confidentially. The forms were collected daily by health centre staff. The complaint process and forms were not available in a range of languages or formats.

The health centre administrator checked the complaints that were received daily and allocated them to the appropriate team. A thorough system was in place to ensure that all complaints were recorded on a system, including the date received. The complaints process viewed, indicated that complaints would be responded to within three working days or if investigation required, acknowledgement within three working days. At the time of the inspection, inspectors found there were 24 complaints not responded to or acknowledged within this timeline, with some complaints waiting three weeks for a response.

Inspectors were told there was often multiple complaints made about the same issue. The administrators were working with the Patient Experience Team to look at introducing a standardised response acknowledging multiple complaints. This will be followed-up at future inspections.

As part of the daily task allocations, a team member is allocated complaints to review. While staff expressed feeling confident to respond to complaints, no formal training had been provided to manage complaints.

Due to staffing challenges, team meetings were infrequently held. Inspectors were told by healthcare staff learning from complaints was discussed ad hoc during handover periods, such as, if there was a particular theme. However, there was no process in place to regularly review and share any learning from complaints.

All feedback, comments, and complaints were seen to be managed in accordance with relevant data protection legislation and confidentiality protocols. The feedback forms included details on patients' rights to contact the SPSO if they were not satisfied with the outcome or response to their complaint.

**Recommendation 108:** HMP Addiewell must enable patients to post their own feedback forms for concerns and complaints into the locked post box; patients must be provided with envelopes if an officer is to do this, to maintain their right to confidentiality.

**Recommendation 109:** REAS/NHS Lothian must ensure complaints forms are available in a range of alternative formats and languages to ensure all patients can provide feedback, raise concerns and complain.

**Recommendation 110:** REAS/NHS Lothian must ensure complaints are responded to as per the timeframes on the policy available to patients.

**Recommendation 111:** REAS/NHS Lothian must ensure all staff managing complaints receive training to ensure that all complaints are correctly managed.



**Recommendation 112:** REAS/NHS Lothian must ensure learning from complaints is discussed and shared with the healthcare team.

**9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.**

Rating: Generally Acceptable

Staff demonstrated a clear understanding of their roles and responsibilities in reporting situations which could result in physical or psychological harm to those in prison. Healthcare staff indicated that any issues requiring to be raised as a priority are recorded by submitting an intelligence form to the prison IMU. Inspectors spoke with healthcare staff who described some challenges with managing difficult behaviours displayed by prisoners. Healthcare staff described challenges in HMP Addiewell, particularly around the multiple responses from healthcare staff made to patients found to be under the influence of illicit substances.

IPMs regularly visit prisons and ask pertinent questions regarding prisoner's experience. Information gathered by the IPMs highlighted that prisoners can feel unsafe. This is a significant concern.

Healthcare staff demonstrated how they would communicate with prison staff to identify patients who were causing concern. However, healthcare staff described feeling unsafe in HMP Addiewell. These concerns were raised during the inspection with HMIPS, and inspectors were also told that healthcare staff had raised them through the monthly meeting that takes place between healthcare and HMP Addiewell.

All staff had awareness of their legal obligations for confidentiality and keeping accurate records as part of their maintaining their registration and commitment to the NMC code. All staff have their own personal access to the electronic record keeping system Vision. Mandatory training requirements include adult support and protection modules available to all healthcare staff.

Inspectors were shown evidence of welfare care plans developed by healthcare staff. These were in place to support HMP Addiewell in the out-of-hours period when no healthcare staff are on site. These plans assist staff to identify and support patients who may be displaying ill health but do not require hospital admission and are not under the influence of illicit substances. These included care plans and signposting to any further action to be taken. This is good practice as mentioned in QI 9.2.

**Recommendation 113:** HMP Addiewell and healthcare teams must work collaboratively to provide assurance over the safety of patients and all staff working in the prison.



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

Rating: Poor

The Health Centre was clean, in a good state of repair and fit-for-purpose. The healthcare environment was cleaned by Sodexo cleaning staff who reported that they had access to the equipment they required.

Inspectors reviewed accessible cell accommodation and found the standard of cleanliness was poor, handrails required repair and one cell was smelling strongly of urine. This is a significant concern. This was raised during the inspection with senior management in HMP Addiewell and REAS.

Inspectors visited the SRU but were unable to access any cells, due to full occupancy. They observed dedicated passmen were allocated to clean this area. The standard of cleaning in the communal areas was high. However, the storage cupboard used for cleaning products was cluttered and had inappropriate items stored along with cleaning equipment, for example, paint pots. Inspectors also observed the room in the Health Centre where cleaning equipment was stored and found it to be in a similar state. This must be addressed as a priority to improve access for cleaning staff.

A bath was available in the Health Centre to support the needs of patients who benefit from using a bath to alleviate pain. Inspectors reviewed the bath which had been reported to be leaking. Inspectors were told this has been reported and a part was awaited. In the meantime, this was still being used with oversight from healthcare staff to mitigate the risk of leakage. The leaks had caused damage to the ceiling in the reception area which had been reported and a repair was expected imminently. Inspectors will review the progress of these repairs on the revisit to HMP Addiewell.

All healthcare equipment was clean and ready for use. The healthcare staff the inspectors spoke to were knowledgeable about standard infection control precautions (SICPS). They had access to both hand hygiene sinks and supplies of PPE in all clinical rooms. However, inspectors observed variable practices with hand hygiene opportunities and the use of gloves. This is significant concern.

Uniform policy was also variable with many staff not fully compliant with the national uniform policy. This is a concern.

Inspectors observed healthcare staff not wearing masks during clinical interactions and not adhering to national guidance. This is a significant concern. This was raised during the inspection and inspectors were assured that immediate action would be taken. Following raising these concerns, inspectors observed some improvement in practice.

Senior staff told inspectors that external infection prevention and control (IPC) auditing from REAS and NHS Lothian took place during the pandemic, however no recent audits had taken place. Likewise, there was no evidence of a rolling

programme of SICPS audits and operational compliance reporting within HMP Addiewell. Although inspectors recognise and are mindful of competing priorities for healthcare staff, this is a concern and must be addressed immediately.

NHS Lothian and REAS must provide external oversight in order to demonstrate compliance with national guidelines. Inspectors will follow the progress of this work.

**Recommendation 114:** SPS and HMP Addiewell must address without delay the standard of cleanliness in accessible cells.

**Recommendation 115:** HMP Addiewell must review the storage area where cleaning equipment is stored without delay and remove unsuitable items to reduce the risk of contamination of cleaning materials.

**Recommendation 116:** Healthcare staff must consistently adhere to national guidelines in relation to uniforms to minimise the risk of transmission of infection.

**Recommendation 117:** REAS and NHS Lothian must address non-compliances with face masks and ensure national guidelines are followed.

**Recommendation 118:** REAS and NHS Lothian must reinstate regular auditing of standard infection prevention and control precautions with evidence of compliance and actions when non-compliance is identified.

**Recommendation 119:** REAS and NHS Lothian must provide external oversight of the healthcare environment and staff adherence in HMP Addiewell to support staff with best practice in the reduction of the risks of transmission of infection.

### **9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.**

Rating: Generally Acceptable

Inspectors were told by the health centre manager that all staff complete an induction programme when they commence in their role. We saw an example of the checklist used to support and record the induction programme which covered general areas for induction, prison specific and those areas exclusive to an individual's role. The health centre manager told us that the Senior Charge Nurse (SCN) team leads were responsible for ensuring induction has been completed for new members of staff in their relevant teams.

Staff maintained their competencies by completing NHS Lothian's mandatory training. Inspectors saw 93% compliance with mandatory training for one of the healthcare teams. Healthcare staff told inspectors that training and learning needs were identified during one-to-one meetings, and through completion of appraisals and personal development plans (PDPs). Inspectors were told by healthcare staff responsible for holding one-to-one meetings that they were planned monthly,

however, clinical priorities meant that these sometimes had to be cancelled. Inspectors were also told that these meetings were documented.

Appraisals and PDPs were managed electronically. As with induction, the health centre manager had given the responsibility for ensuring staff have these up to date to the SCN team leads, who in turn had given some responsibility for this to other staff. The health centre manager provided monthly reports to REAS on their direct report compliance with appraisal and PDPs. Inspectors saw that all the staff in one of the healthcare teams had received a current appraisal, and PDP. However, due to the staffing challenges within the Mental Health and Addictions Team (referenced in QI 9.5) inspectors were made aware that inductions, appraisals and PDPs had not been in place or reviewed over the last year.

The health centre manager told inspectors that there was a process in place to collect data on patients requiring transfer to hospital. For example, in an emergency situation, this data is used for review and reflection with an emphasis on identifying training needs or support. This is good practice. The service had identified that staff competence in verification of unexpected deaths would be of benefit, and training for this was being encouraged by the health centre manager and primary care SCN team lead. Other training opportunities were sent to staff via Email or highlighted at staff handovers. Inspectors were told by healthcare staff that training and staff development was encouraged and supported.

Staff from all clinical groups continued to have one-to-one meetings with their line managers, however, no clinical supervision was being offered at the time of the inspection. Reflective practice had been offered by the psychologist, unfortunately there had been poor staff uptake due to staffing pressures. Inspectors were told by healthcare staff that this would be embedded at the earliest opportunity when staffing levels improved. This will be followed-up at future inspections.

No regular staff meetings had been held since the start of the COVID-19 pandemic. Information was communicated to staff through Email or at handovers. SCN team leads were also expected to pass on information to their respective teams. Inspectors were told by the health centre manager that a monthly update Email was sent from REAS to all staff.

The health centre manager told inspectors all the SCN team leads plan staffing for their respective teams at least a week in advance, so that staffing gaps can be identified. Gaps were covered internally using the services own staff, from a small staff pool or from a nursing agency. Occasionally, staff from HMP Edinburgh were asked to cover staffing gaps. Escalation of staffing gaps and other concerns, especially out-of-hours was discussed with members of the nursing team and health centre manager. No robust system or process was in place, with staff often phoning the SCN or health centre manager, even when they were not on duty.

**Recommendation 120:** REAS/NHS Lothian must ensure all staff should have consistent inductions and regular appraisals to support wellbeing and development.

**Recommendation 121:** REAS/NHS Lothian must restart healthcare staff meetings within HMP Addiewell to ensure staff are well informed and have a forum to raise and discuss any concerns in relation to the service.

**Recommendation 122:** REAS/NHS Lothian must develop an out-of-hours on call escalation process so that staff feel supported and have an identified contact they can speak with to raise any clinical or staffing issues.

**Good Practice 25:** A process was in place to collect data on patients requiring transfer to hospital. For example, in an emergency situation, this data is used for review and reflection with an emphasis on identifying training needs or support.

### **9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.**

Rating: Poor

Healthcare in HMP Addiewell was managed by REAS and reported through its governance structure. REAS is part of NHS Lothian. Staff adhere to NHS Lothian's vision 'Our values into action'.

The health centre manager reports directly to a clinical service manager and general manager, who are both new in post within REAS. Healthcare staff inspectors spoke with were unsure of the management structure above the health centre manager. The health centre manager also had operational responsibility for the Health Centre in HMP Edinburgh. The challenges of managing both health centres had been identified as a concern in previous inspections and recruitment for a lead nurse, to support the service was in progress. However, the role of this lead nurse was not clear at the time of the inspection.

Inspectors were told by the health centre manager that a service review had been carried out across HMP Edinburgh and HMP Addiewell by senior management in REAS, resulting in an action plan. Inspectors have requested a copy of this to be shared for review as it was not available at the time of inspection or referenced in the self-evaluation submission.

The health centre manager had not been directly involved in the review at the time of the inspection and had not had oversight of the recommendations or action plan. Operational staff were not aware of any recommendations made because of the review. Inspectors could not clearly identify the findings from this review or planned priorities. This is a concern.

Adverse events were reported through an electronic DATIX system. The health centre manager had oversight of adverse events and reported on these to REAS monthly. DATIX incidents graded as significant, or major, have a Serious Adverse Event Review (SAER) carried out which is discussed at the REAS governance meeting, and any actions are agreed. Learning or feedback was shared with staff involved, individually or as a group. Any learning or improvements from adverse

events that were not graded significant or major are generally not shared with staff. Some of the staff the inspectors spoke with told them that they had not received feedback after submitting their DATIX incidents. Staff also told inspectors that verbal debriefs take place at handovers following a clinical incident and any learning can be attached to the relevant DATIX.

The iMatter survey is a tool which should be used across NHS Scotland in order to gather staff feedback and use it to improve staff experience. As with appraisals and PDP the responsibility for the iMatter survey was disseminated to individual teams. Feedback from patients was gathered using complaint and compliment forms, and from face-to-face interactions with patients. Inspectors were told by the health centre manager that healthcare forums with healthcare staff and patients had previously been held. However, these had stopped due to staffing and time constraints. Feedback from patients was logged on the DATIX system, however the feedback and complaints received from patients was not displayed within the Health Centre.

Inspectors were told that the health centre manager held regular meetings with HMP Addiewell to discuss healthcare delivery and to look at how this could be improved. The service had also developed connections with secondary care clinicians such as opticians, podiatrists and nurse specialists.

**Recommendation 123:** REAS/NHS Lothian should ensure the role of the lead nurse supports the operational management of healthcare at HMP Addiewell.

**Recommendation 124:** REAS/NHS Lothian should ensure that the recommendations and associated action plan from the service review is shared with all staff in order to implement and prioritise recommendations on an agreed timescale.

**Recommendation 125:** REAS/NHS Lothian should ensure that staff receive feedback from all DATIX incidents submitted.

**Recommendation 126:** REAS/NHS Lothian should display complaints and compliments received so that staff are aware of patient's experience.



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